FOR STATE HEALTH DEPT.

or files. please 1

TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessared the certificate word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral derestanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 boars after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01342 Rea. Dist. No.

		PLACE OF DEATH 1/09014 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MAY (ANC) b. COUNTY (1) PG(11)
	Ь	ond give postest found.	c. CITY OR TOWN (It/outside corporate limits, write RURAL and give nearest toyh)
	d	d. NAME OF HOSPITAL OR INSTITUTION All not in hospitol, give street, address)	d. SYREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO NO.
	1	NAME OF DECEASED (Type or print) Sam Dp	1/2/19/14 DATE Month Day Year 1959
1	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 118	PATE OF BIRTH 9. AGE (In yours feet birthdoy) 14 5 W Mooths Days Hours Min.
)	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI Juring most of working life, even if plired)	11. BIRTHPLACE (State or foleign country) 12. CITIZEN OF WHAT COUNTRY?
	13.		14. MOTHER'S MAIDEN NAME / TRAIN FORM
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	NORMANT OSON albright Jr
		18. CAUSE OF DEATH [Enter only one coute per line for (o), (b) and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	heo-Bi-onehilis Interval Between ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) /// // // // // // // // // // // // /	of Stancial Contents
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT EPTATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		206. EXTERNAL CAUSE WAS PRIMARY () OF CONTRIBUTING () CAUSE OF DEATH.	ler noture of injury in Part I or Part II of item 18.)
	MEDICAL	20c, TIME OF INJURY Month, Doy, Yeor 20d, INJURY OCCURRED 20e. PLACE Hour o. m. While Not while factor of work of work	E OF INJURY (Home, form, 20f. (City or lown) (County) (Stole) y, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above	e, held on Autopsy X, Inspection . Inquiry ond in my
		opinion deoth resulted from: Natural courses X Accident	M.D. CHIEF MEDICAL EXAMINER D
2		EXAMINER'S WO MCLANEM	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO STATE OF THE STA
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	
		Surial 2/24/59 Ft. Ashby Ce	
	10,	FUNERAL DIRECTOR'S SIGNATURE Hafer Monestal Hom 23 E. Main, Frostbu	rg.Md.
	-		DATE FED 2 5 '50 Out 1 1

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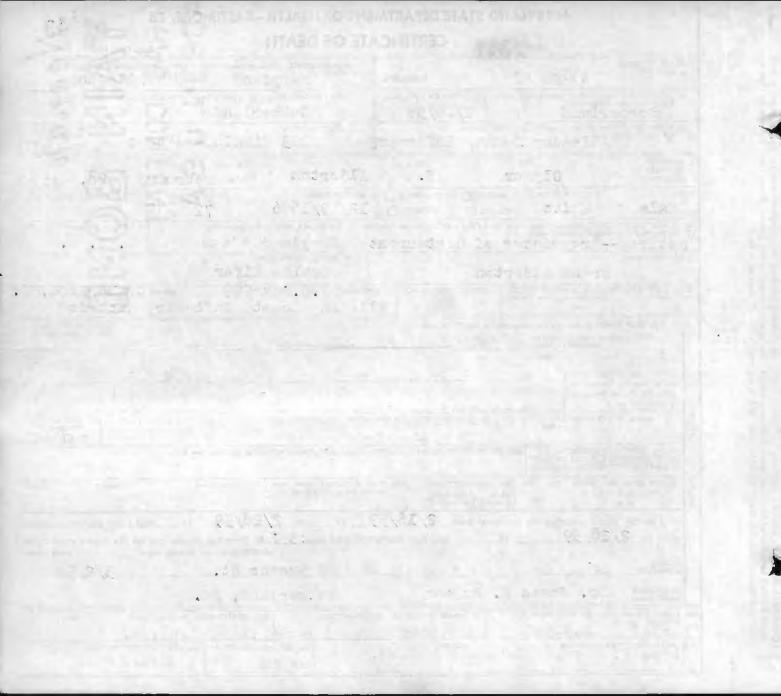
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01343

CERTIFICATE OF DEATH

	water to	CERTIFIC	AIE OF DEAT		R	leg. Dist. No.	
PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary		If institution: COUNTY	Residence before Allege	
RURAL and give i	(If outside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16 2/16/59	c. CITY OR TOWN (IF o	outside corporote lin	nits, write RUR	AL and give nea	rest town)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give street Allegany Cour		d. STREET ADDRESS	Virgini	a Aver		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Clymer	Middle K.	Alderton	4. DATE OF DEATH F	Month ebruar	y 28	
5. SEX Male	6. COLOR OR RACE 7. MARK	ED DIVORCED	12/ 9/1886		2 3 10 11 1	UNDER I YEAR Nonths Doys	Hours Min.
during most of wo	ION (Give kind of work done 10b. orking life, even if retired)Propriator	KIND OF BUSINESS OR INDE		or fareign country) .d Oldto	wn	U. S.	WHAT COUNTRY
13. FATHER'S NAME	Frank Alderto	on	14. MOTHER'S MAIDEN N	Kifer			
IS. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16.			x 599 nty Inf	_	Cumber Recor	land, Md
PART I. DE 334X Conditions, if a gave rise to cause (o), stoting lying cause last.	the under-	Inyer lacrele	andeal ?	In sus	fecie lero	ONSI	RVAL BETWEEN ET AND DEATH
CATIC	THER SIGNIFICANT CONDITIONS C	le pou	choses			IN PART 1(0) 19	WAS AUTOPSY PERFORMED? YES NO D
	AS UNDERLYING COS CAUSE OF DEATH Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in l	Part I or Part II of i	lem 1B.)		
20c. TIME OF INJU Hour o. m. p. m.	While	Not while **	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or tow	n)	(County)	(State)
21. I certify the alive on _2/ actual signature Physician's NAME (1/90)	hat I oftended the decease /28/59 19 Dr. James E.		M.D. 49 Gree		Causes and	an the date	w the decease e stated abave DATE SIGNES
270. BURIAL, CREMATIC REMOVAL (Specify Burial		22c. NAME OF CEMETERY OF Hillcrest	or CREMATORY Burial Park	22d. LOCATION (C		ounty) Md .	(Stote)
James F.	r's Signature Scarpelli Cu	imberland, Md		BY REGISTRAR	24b. REGISTRA	Lun & Kia	



und be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Rage #

may be retained by the haspital or attending physicion.

TO FUNERAL DIFF. (18: After this certificate has been signed by the attending physicion and completely filled in by the page 3 should in Anached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prier to burial, cremation, or remaval, and in any event within 72 hours offer death.

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01344

1342 CERTIFICATE OF DEATH

Reg.	Dist.	No

EGANY		MARYLAND	a. STATE		lived. Il institutio b. COUNTY			ssion)
autside carparate limi trest tawn)	ls, wrîle	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside carporo	ate limits, write RL	IRAL and g	ive neorest tov	vn)
		15 DAYS	OZ CUME	BERLAND				
MEMORIAL I	AVEN	作(es)	d. STREET ADDRESS	SOUTH S	STREET		ON	A FARM?
		Middle				h	Down	Yeor
		L.	ARBOGAST	OF DEATH	FEB	RUARY	6,	19 59.
6. COLOR OR RACE								
WHITE					OK yrs.		Days Haurs	Min.
ng life, even if relifed	dane 10b.	B. &. U. RR.	MARYLAN	ND.	intry)			
				JCKWORTI	Н			
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	10-	220023	MEMORIAL HOS	PITAL .	- CUMBER	LAND.	MD.	
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ne under-		Λ	4			Λ		
		CONTRIBUTING TO DEATH BUT	HOT RELATED TO THE TERM	INAUDISEASE	CONDITION GIVE	N IN PART	1(a) 19. WAS	AUTOPSY
wonic	_	nephr	lis, unen	nu ?	elond		PERF	ORMED?
UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part I	I of item 18.)	1		
Month, Day, Yes	White	Nat while fac	ACE OF INJURY (Home, farn stary, street, affice bldg., etc	n, 20f. (City o	r lawn)	(C	ounly)	(State)
at I attended the	deceas	ed from 45	1954.10	1-	0-1954	that I le	ast saw the	decease
-5-1	10	and that death	occurred at 7:40/		the causes qu	nd an th	e date stat	ed abave
NOUNA	1	- Jolson	MD. Jump	MIM	1 hours	2	- 6-	59
חמיותם		01.001		2.002.500				
Feb O 1	0.50	03471222212					(Sto	ole)
SIGNATURE	727	ADDRESS	And the second					
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FOR STATE HEALTH DEPT.

our files. M DEPUTY MEDICAL EXAMINER; This certificate should be executed within 24 hours after death. If any delay is necessate the certificate withing the ward "pending" in pencil is them 18. Give Pages 1, 2, and 3 to the functor distant be for vided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the CLOCK Page 3 should be used as a byrial-transit permit. File pages—I and 2 with the State Back its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. ö

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TO DE	exec	10 FU	
VS.	A1 A 2		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1010		7					Reg. Dis	it. No.	
PLACE OF DEATH	CPGL			A	2. USUAL RESIDENCE	(Where deceas	ed lived. If institu	ution: Residen	nce before ad	mission)
a. COUNTY	llegany		MAR	YLAND	o. STATE Mary	land	b. COUNT	Alle	gany	
	itside corporate limits, write RU	PAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	at a second second second	porale limits, write			town)
Cumberlan	d		DOA		Cumb	erland				
d. NAME OF HOSPITAL	OR INSTITUTION (If ne	of in hasp	ital, give street addre	ss)	d. STREET ADDRESS				e. IS	RESIDENCE
Memorial	Hospital	and the same of th			225	Ceceli	a Stree	t	YES	N A FARM?
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mont	h	Doy	Year
(Type or print)	Clyde				Babst	DEATH	Feb.	11,		19 59
5. SEX	6. COLOR OR RACE 7.	MARRIE	D D NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		DER 24 HRS
Male	White w	OSWOOD	DIVORCED	D N	ov. 2, 190	6	52 yrs.	Months D	Days Hours	Min.
100. USUAL OCCUPATION	(Give kind of work don	e 10b. KI	ND OF BUSINESS OR				ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Instrument		Ce	lanese Co.	rp.	Saxton, F	ennsyl	vania		USA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN		7 6434.64		0.011	
Willia	am Babst				Laura She	atrum				
15. WAS DECEASED EVER		57 16. 5	OCIAL SECURITY NO.	. 17. IN	FORMANT	e or an	225 ^{dd} Ot	haalin	Chus	- 4
(Yes, no, or unknown) (II	I yes, give war ar dates of servi	ice)		Man	- F.	Dalad				
Tio Caller OF Bearing	[r.c l l l l l l l		4-07-3493	MIL	s, Frances	Bapst	Cumber	rland,	Mary.	
	[Enter only one cause WAS CAUSED BY:								ONSET AND D	DEATH
	AMEDIATE CAUSE (6)	As	phyxiati	on					Sudd	en
254X	DUE TO									
Conditions, if ony		As	piration	of	Stomach C	conten	ts			
gave rise to immedia (a), stating the uni										
couse last.	(c)	Ce	rebral E	dema	;Internal	Hydr	ocephal	us	Old	
PART II, OTHER PART II, OTHER PRIMARY OF CONT CAUSE OF DEATH.	R SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINALDISEASI	E CONDITION GI	VEN IN PART	1(0) 19. WAS PERS YES P	ORMED?
200. EXTERNAL CAUSI	F WAS 205 1	DESCRIBE	HOW INTERV OCCU	PPED /Fo	fer noture of injury in P	net I as Bart ()	of them 10 t		1,62	NO L
PRIMARY D or CONTI	RIBUTING [DESCRIBE	HOW HADRI OCCO	MKED. (ET	ner notore of injury in r	DIT I DE PORT II	or irem 19.j			
- 1		Tea and						y,		12000
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year	White	Not while	focto	E OF INJURY (Home, for ry, street, office bldg., e	rm, (20f. (City fc.)	or town)	(Cour	ity)	(Stote)
₹ p. m.	19	al war								
21. I certify tho	it I took charge o	f the re	emoins describe	d obov	e, held on Autor	osy 📆 tr	spection X	Inquiry	X, o	nd in my
opinion death re	esulted from: No	tural c	ouses KT. Acci	dent [7. Suicide 17.	Homicide	T. Undete	ermined m	onner [1
2	1 ,	1/11	- 1	-	- (land'			4
ACTUAL 3	endet.	16 7	12120-1		CHIEF MEDICAL	EXAMINER			DATE	SIGNED
SIGNATURE	eneman x	4111	arelia		ASSISTANT MED	· ·	ه (۳)			
EXAMINER'S	24 . 03	-0.1		-	DEPUTY MEDICA			2.7	7050	
NAME (Type) BE	enedict Sk	CL Ca	relic, M	aDa_			4 00		1959	
Me. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	4 4		22c. NAME OF CEMET				FION (City, town,	~ ~		ofe)
	2/14/59	1	Hillcrest	bur		-1	erland,			
23. FUNERAL DIRECTOR'S			ADDRESS		24a. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIG		
John J. Har	fer Cumbe	erla	nd, Maryla	and	DATE	EB 1 6 '59	Choi	Lun S. A	rallA	

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VS A15 (4)

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papers.

PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Allegany llegany Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lifetime RD2, Frostburg Fros tburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO 1 NAME OF First Middle Lost 4. DATE Month Year DECEASED DEATH February (Type or print) Edward Bean lst. 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours DIVORCED T June WIDOWED [Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Peoples Trans.Co. Bus Driver USA Maryland 13. FATHER'S NAME Maurice Bean Mellie Hershberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Eleanor Bean, RD 2, Frostburg, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12600 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19: WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy: Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg etc.) Hour o. m. White Not while at work of work 21. I certify that I attended the deceased from JUNE 19.58 ta 1957 that I last saw the deceased and that death accurred at 8 30 LM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL Broadway SIGNATURE PHYSICIAN'S Martin M. Rothstein, M.D. Frostburg. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) F'bg.Memorial Park Frostburg, 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR arthur & Kraus Joseph R. Durst, Frostburg, Md. DATE FEB 4

Ans Equation (Villagotta) From Minure | Lifeting | STR. Prosting en de la communicación de se oreignes bores entite established Nett Personal Personal Community and Language Traveling Roll Toptedrate Himilian - mood on fricht. Alexandrects, and blocking the state there there is . 1 F 1 Harris ... submediate Harris Burnett Fat Committee Fat Secretary by sundinors great A apend.

VS. A15ME SM 2/57

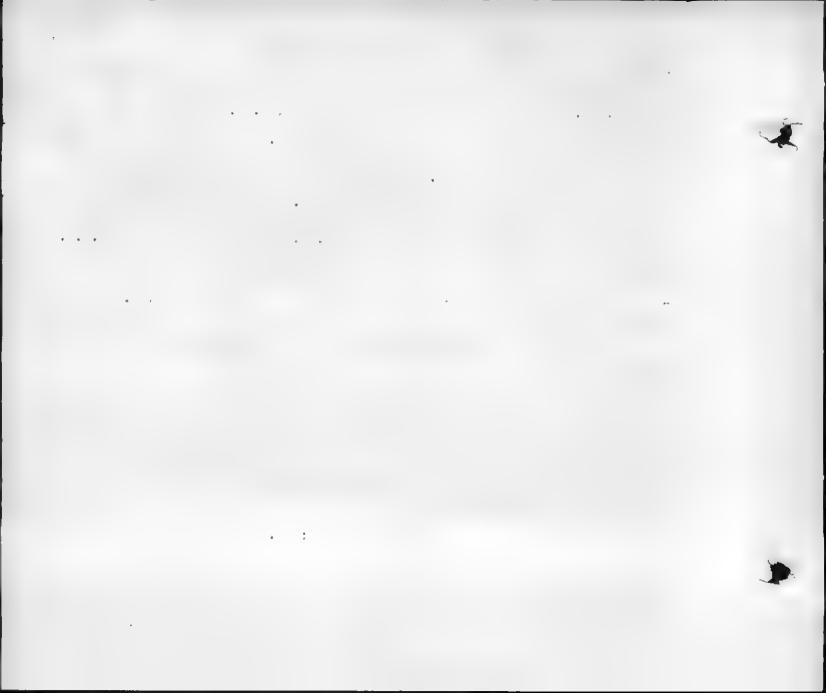
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		3 2.2.4	OAL CARMINER.	, distribution i		Reg. Dist. No.
	1. PLACE OF DEATH	1944		2 USUAL RESIDENCE (W	here deceased lived. If institut	ian: Residence before admission)
	a. COUNTY	Allegany	MARYLAND	o STATE Mary	land b. COUNTY	Allegany
1		If outside corporate limits, write \$UP	c LENGTH OF STAY IN 15	C. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
	Cumber			Cumber	land,	
	d NAME OF HOSPI	TAL OR INSTITUTION (F not	in hospital, give street address)	d STREET ADDRESS		e is residence ON A FARM?
	Smith A	pts. Kelly	Blvd.	Smith Apt	s. Kelly Bl	
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Yeor
	(Type or print)	Emery	Clay	Bennett	DEATH Feb.	18, 19 59
	s. sex Male	TIT In 2 4 A	MARRIED NEVER MARRIED () 8		893 PAGE (In yours Joseph ethdoy)	HONDER LYEAR IF UNDER 24 HPS Hours Min
			106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote		12 CITIZEN OF WHAT COUNTRY?
	Salesma		Rugs, Blind We	avers Flin	tstone, Md.	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Л	Geor	ge Bennett		Jemima	Leasure	
	15. WAS DECEASED E	VER IN U.S. ARMED FORCES		NFORMANT	Address	
	Yes,	W.W.# 1	286-07-7707 M	rs. Walter	Smith, Smit	th Apts, Cumb. Mo
	18 CAUSE OF DEA	ATH Enter only one cause pe	er line for (o), (b), and (c).]			INTERVAL SETWEEN ONSET AND DEATH
	FART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	coronary_oc	clusion		sudden
	age arrange	DUE TO				
	Conditions, if		coronary sc	lerosis		
	gave rise to imm (a), stating the	> DITE AV				
	couse fost.	(c)				
1	Z PART II, OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
á	3					YES NO IX
	PART II, OT	ONTRIBUTING []	ESCRIBE HOW INJURY OCCURRED (I	inter nature of injury in Part	For Port II of Hem 18.}	
	3 20c. THE OF INJ	JRY Month, Day, Year	20d. INJURY OCCURRED 20+ PLA	CE OF INJURY (Home, form,	. (20f. (City or fown)	(County) (Stole)
	20c. TIME OF INJO	10	While Not while lact	ory, street, affice bldg., etc.)		
			the remains described abo	ve, held on XXXXXXX	Inspection X	Inquiry X and in my
			ural causes 🗵, Accident			mined manner
	ACTUAL	2 1.+	Skitarelie	CHIEF MEDICAL EX	***************************************	DATE SIGNED
	SIGNATURE A	Linearge	xranare ac	_M D, CHIEF MEDICAL EX		
مناو	EXAMINER'S NAME (Type)	Renedict	Skitarelic, M.			10 1050
		ON, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	22d LOCATION (City, Iown, o	18 ± 1959 = (Stole)
	RIMOVAL (Specif Burial	2/20/59	Fairview Ce		Nr. Artemas	
	23. FUNERAL DIRECTO		ADDRESS		h . Camer pr a a	TRAR'S SIGNATURE
	Charles	An an	Cumberland, M			- 8 Frank
				- T. E.D		43 - 1 to provide the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No director, 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY HAMPSHIRE 1. PLACE OF DEATH **ALLEGANY** filed JESTSTAVEIRGINIA MARYLAND uneral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) P 16 DAYS CUMBERLAND, MD. SPRINGFIELD. W.VA. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE MEMORIAL HOSPITAL VILLE THE ON A FARM? YES NO .5 3. NAME OF DECEASED First Middle 4. DATE Lost BLUE FEBRUARY 59 CHARLES (Type or print) DEATH 19 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS MALE losy be theory) Months Doys Hours DIVORCED | WIDOWED [yrs. 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) U.S.A. W-VAand after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARA WASHINGTON JAMES BLUE 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO MEMORIAL HOSPITAL, CUMBERLAND, MD. (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 0 YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of ilem 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m 21. I certify that I attended the deceased from 150.2., that I last sow the deceased and that death occurred at 4:05A.M. from the causes and on the date stated above. de ADDRESS (Street, city or town, stote ACTUAL SIGNATURE 50 the registrar NAME (Type) O FUNER 220. BURIAL, CREMATION. 22ь DATE THEREO 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

death.



FOR STATE HEALTH DEPT.

for, Poge for files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessarily the care of the control of the cont

V5 A15ME 5M 2,57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

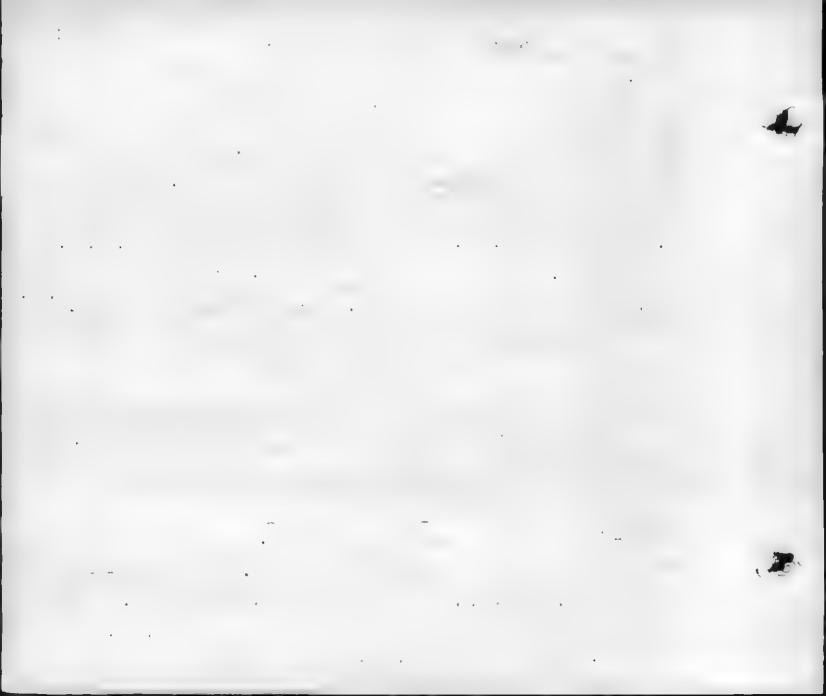
1346 From # 7-Felm 239 2/21/59 ms Reg. Dist. No.

	1010						
1. PLACE OF DEATH	,		2. USUAL RESIDENCE	(Where deceased live	1 00111111111		
u. cou	Allegany	MICH CONTRACTOR	o STATE Mar	yland	b. COUNTY	Allegan	ıy
b CITY OR TOWN and give negrest to	(Fourside corporale fimils write BUEAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate	limits, write RUR	AL and give near	rest fown)
67 3	fland.		Rawl	ings,			
d NAME OF HOS	PITAL OR INSTITUTION (IF not a	n hospital give street address)	d STREET ADDRESS				IS RE DEN CE
D.O.A.	Sacred Hear	t Hosp	Along K	t. # 220			OLA FARMS
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeor
(Type ar print)	James	Martin	Bobo	DEATH	Feb.	25	1959
5. SEX		ARRIED NEVER MARRIED	DATE OF BIRTH	9 AC	to real of the	UNDER TYEAR IF	
Male	White wind	OWED DIVORCED D	Dec. 6, 1	895 6		inths Days H	laurs Min
100 USUAL OCCUPA	TION (Give kind of work dane I king life, even if retired)	Ob KIND OF BUSINESS OR INDUST	Y 11 BIRTHPLACE (Sec	ofe or foreign country)]	12. CITIZEN OF V	WHAT COUNTRY?
Labor		Construction	Dawso	n. Md.		U.S.A	
13. FATHER'S NAME		00110020001011	14. MOTHER'S MAIDEN		1		
Jame	s Bobo		Susan	Dawson			
	EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 IN	FORMANT	Dawson	Address		
(Yes, no, or unknown)	[If yes, give wor or dates of service]			C D.L.			
No.	tama francis	705-10-6139 M	rs. Ethel	S. B000	Rawli		LEETWEEN
	EATH [Enler only one coute per EATH WAS CAUSED BY:					A T32NO	HIA3G DM
	IMMEDIATE CAUSE (a)	Coronary Occl	usion			S	udden
1420,1	DUE TO						
Conditions, if		Coronary Scle	rosis			m	
gave rise to imr							
couse last.) (c)						
Z PART II, C	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN		WAS AUTOPSY PERFORMED?
13							NO X
PART II, C	ONTRIBUTING []	CRIBE HOW INJURY OCCURRED (E	nter noture at injury in f	ort I or Port II of de	m 18)		
		20d. INJURY OCCURRED 20e PLAC	T OF INTERNATION IN	201 157		15	
20c. TIME OF IN	п.	White Nat while factor wark of wark	E OF INJURY (Hame, for ry, street, affice bldg., a	Hc.)	wnj	(County)	(Stafe)
		he remains described above	re, held on Auto	psy], Inspec	tion K. 1	nquiry XI.	ond in my
opinion deal	h resulted from: Notu	ral causes K). Accident [7. Suicide 7.	Homicide .	Undetermi	ned monner	
	1						_
ACTUAL SIGNATURE	Longitiat.	Sketarelia	CHIEF MEDICAL	EXAMINER		0	ATE SIGNED
3101141042	me the second of	JANA JANA		ICAL EXAMINER			
NAME (Type)	Renedict 9	Skitarelic, M.D.		AL EXAMINER	Feb. 25	1959	
220. BURIAL CREMA	ION 726. DATE THEREOF	27c NAME OF CEMETERY OR		22d LOCATION		ounty)	(State)
Burial	Feb. 28.1			Rawli	1.6	aryland	. '
23 FUNERAL DIRECT	DR'S SIGNATURE	ADDRESS	The state of the s	C'D BY REGISTRAR		R'S SIGNATURE	
H. Wayn	e George Cu	mberland, Md.		FEB 2 7 '59		7 & Three	
			DATE		1 ,000	1 d. Thomas	



I

1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceared lived. If antihodious Residence before of vice) Allegarry Al	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIN	ORE, 18					
SATE West Virgina Mineral ** **SATE NUMBER Land under corporate limit, write current oddress) **DETAIL OR TOWN ! Foundate corporate limit, write current oddress)** **DETAIL OR TOWN ! Foundate corporate limit, write current oddress)** **CHIMBERTLAND** **SATE of the course of the	134	CERTIFICA	ATE OF DEATH	1	Reg) 1 , Dist, No.	350			
Allegary B CITLO R FOWN Eachide cappoint limit, write CLENGTH OF STAY IN B CLENGTH O			2 USUAL RESIDENCE (WI	nera deceased live		sidence before	admission)			
RUMAL ord give more interest town) Chimberland d. Mark of Hospital (I find in hospital, give street oddress) A. Sacred Heart. Hachital J. Sacrod Avg. Sacred Heart. Hachital J. Sacrod Avg. No. NARROY Sacred Heart. Hachital J. Sacrod Avg. Mark of Hospital (I find in hospital, give street oddress) J. NAME of First Mark of Charles Rdgar Month of More First Mark of Charles Rdgar Month of More First Mark of Charles Rdgar Month of More First Mark of Charles Rdgar J. Apart Peb. J. Apart P	Allegany			st Virgi	n a a Mi	neral				
d. NAME OF HOSPITAL (I fool in boughold, your street address) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street address) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street) Sacred Heart Hoopital 3. NAME OF HOSPITAL (I fool in boughold, your street) Sacred Heart Hoopital Sacred Heart	b CITY OR TOWN (f autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carporate l	imits, write RURAL	and give neare	st town)			
Sacred Heart Hospital Second Ave. Secon			the second secon	Ley	05	X 2				
Samed Heart Hospital I Second Ave. To Octor Ave. The Charles Edgar Bootman To Color Of Race Might Windows of Mark Windows of Ma	 d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 	address)	d. STREET ADDRESS			e.	IS RESIDENCE ON A FARM?			
DECEASED (Type or print) Charles Edgar Bootman DIAN Feb. 19 59 SEK GOOD OF RACE 7 MARRINGTO NEVER MARRINGTO N	Sacred Heart Hospit:	2]	1 Second	Ave.						
County C	3. NAME OF First DECEASED	Middle	Last		Month	Day	Year			
Discription	(Type or print) Charles		Bootman		Feb.	8	19 59			
Discovered by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if retired and provided by the state of working life, even if the state of working life, even it is to immediate lough and the state of working life, even it is to immediate lough lif	5 SEX 6 COLOR OR RACE 7 MARR	NEVER MARRIED	8. DATE OF BIRTH	9. A						
Mgr. Liquor Store W. Va. State Store West Virginia U. S. A. In Mother's Madden A. Thomas A. Bootman Is WAS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. In MORMANT Is WAS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. In MORMANT Is WAS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. In MORMANT Is WAS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. In MORMANT In Morman In More In More In More In More In Information In More In Information In More In Information In More In Information In Informatio	QLG WILLS		L C / F . S WALL	5	l yrs	ms Days ?	dacrs min,			
In Address Name Thomas A. Bootman Thomas A. Bootman Thomas A. Bootman The Name Thomas A. Bootman Thomas A. B	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		_	or foreign country) 12	CITIZEN OF	WHAT COUNTRY			
Thomas A. Bootman Clara M. Bancord S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 234-38-7920 Mrs. Louise Bootman 1 Second Ave., 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. Conditions, if any, which governed and interest by the couse (o), inting the under line for (o), (b), and (c)] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)] 19 WAS AUTOPSY YES COUNTY WAS UNDERLYING (C) DUCE TO WAS UNDERLYING (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)] 19 WAS AUTOPSY YES (COUNTY) (FINE CONTRIBUTING TO CONTRIBUT	Mgr. Liquor Store W.	Va. State S			ginia	U. S.	Α.			
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 FINORMANT 234-38-7920 Mrs. Louise Bootman 1 Second Ave., 234-38-7920 Mrs. Louise Bootman 1 Second Ave., 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)] PARTI. DEATH WAS CAUSED BY: 10 COTONARY Heart Disease 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)] PARTI. DEATH WAS CAUSED BY: 10 COTONARY Heart Disease 19. Conditions, if any, which gave rise to immediate cause in the modern of the course (a), storing the under cause (b), storing the under cause (c), storing the under cause (c). PARTIL DEATH WAS CAUSED BY: 10 DUE TO Conditions, if any, which gave rise to immediate cause (b). PARTIL DEATH WAS CAUSED BY: 10 DUE TO Conditions, if any, which gave rise to immediate cause (b). PARTIL DEATH WAS UNDERLYING CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY YEART NOT PERFORMED? YEART NOT YEART					1					
The course of death Enter only one course per line for (o), (b), and (c)				M. Ban	cora					
IE. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY, CORONARY Heart Bisease ONE TO ONE AND DEATH OF TAND DEATH OF THE DISEASE Conditions, if any, which gave rise to immediate cause (o), storing the under (o), stori	(Ver en paradental) III and a contract of					Ridge	ley, W.			
PART I. DEATH WAS CAUSE [6] COVONARY Heart Disease Conditions, if any, which gover its to immediate cause (6) DUE TO			drs. Louise	Bootma	n 1 Sec	ond Av	е.,			
Due to Conditions, if any, which gave rise to immediate cause (a), stoting the under lying couse last. Part II other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 Was autopsy Performed Performe						INTER	AL BETWEEN			
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20c. TIME OF INJURY Month, Day, Year Hour a.m., 19 20d INJURY OCCURRED While of work 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that I attended the deceased from 2 = 1 199 19	, (4)									
20c. TIME OF INJURY Month, Day, Year Hour a.m., 19 20d INJURY OCCURRED While of work 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that I attended the deceased from 2 = 1 199 19	PAM II OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMI	NAL DISEASE CON	VOITION GIVEN IN	PART 1(o) 19	WAS AUTOPSY PERFORMED?			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 Day, Year Hour a.m. 19 Day, Year all Not while of work and work and work of wore of work	5 Duodenal ulcer			_						
21. I certify that I attended the deceased from 2 = 1 , 159 , to 2 = 7 , 159 , that I last saw the deceased alive on 2 = 6 , 1959 , and that death accurred at 5: 100 M, from the couses and on the date stated above ADDRESS (Street, city or town, state) ACTUAL REPORT & Back , M.D. 62 Greene St., Cumberland, Md. 240 Berrial, CREMAT ON, Park Titype) Ralph W. Ballin, M.D. 62 Greene St., Cumberland, Md. 250 Burial, CREMAT ON, Park Titype) Ralph W. Ballin, M.D. 62 Greene St., Cumberland, Md. 261 Burial Park Cumberland, Md. 262 Burial Park Cumberland, Md. 263 FUNERAL DIRECTOR'S SIGNATURE Charles Cumberland, Md.		CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in (Part I ar Part II af	item 18.)	- "				
21. I certify that I attended the deceased from 2 = 1 , 159 , to 2 = 7 , 159 , that I last saw the deceased alive on 2 = 6 , 1959 , and that death accurred at 5: 100 M, from the couses and on the date stated above ADDRESS (Street, city or town, state) ACTUAL REPORT & Breen , 1959 , and that death accurred at 5: 100 M, from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL REPORT & Burial Park Cumberland, Md. 240. RECATION (City, town, or county) Burial 210/59	20c. TIME OF INJURY Month, Day, Year 20d IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or to	wn)	(County)	(State)			
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PHYSICIAN'S NAME (Type) Ralph W. Ballin, M.D. 62 Greene St., Cumberland, Md. 220 BURIAL, CREMATON, REMOVAL (Specify) 2/10/59 2/10/59 2/10/59 2/10/59 2/10/59 2/10/59 2/10/69	ACTUAL Raga & Bac	Zhan .			,	2-7-	۲o			
NAME (Type) Ralph W. Ballin, M.D. 62 Greene St., Cumberland, Md. 20 BURIAL, CREMAT ON, REMOVAL (Specify) 2/10/59 Burial 2/10/59 PAID ATTERNATION (City, Idwn, or county) (Stole) PAID BURIAL DIRECTOR'S SIGNATURE Charles George Cumberland, Md. 240. REC'D BY REGISTRAR'S SIGNATURE Charles 1 Outs Paid Registrary Paid Regi			w.p			61111	h.J			
Burial 2/10/59 Hillcrest Burial Park Cumberland, Md. 23 FUNERAL DIRECTOR'S SIGNATURE Charles George Cumberland, Md. 240. REC'D BY REGISTRAR'S SIGNATURE Charles George Cumberland, Md.	NAME (Type) Ralph W. Ballin,									
23 FUNERAL DIRECTOR'S SIGNATURE Charles Cumberland, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify) 2 / 10 / 50						(State)			
Charles L. George Cumberland, Md.	2011	·								
DATECH 1 O IFO			id.		24b. REGISTRAR*	S SIGNATURE				
			DATEER	1 3 '59	C-71	94				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01951

22d LOCATION (City, town, or county) (Str. Salisbury, Pennsylvania

24b. REGISTRAR'S SIGNATURE

Salisbury,

24o. REC'D BY REGISTRAR

	1406	CERTIFICA	ATE OF DEATH	ı,	い エ ひい』 Reg. Dist. No.	4
	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived If institution and b. COUNTY	Residence before admission Allegany	n)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town). Rural, Cresaptown	c. LENGTH OF STAY IN 16	1	ulside corporate limils, write RUR resaptown	AL and give nearest town)	
	d NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Route 5 Cumberla		/ d STREET ADDRESS Route 5,	Cumberland	e. IS RESID ON A F	
	NAME OF First	ANFORD BOW	losi MAN	4. DATE Month OF DEATH February	7 Day Ye	50
	S. SEX 6. COLOR OR RACE 7. MAR WIDOW	ED DIVORCED	B DATE OF SIRTH Oct. 25, 188	6 9 AGE (In years IF lost birthday) A	UNDER I YEAR IF UNDER	24 HRS Min
1	0a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) Retired	elanese Corp.		or foreign country) Pennsylvania	12. CITIZEN OF WHAT C	OUNTRY
י	3. FATHER'S NAME Chauncey Bowman		14. MOTHER'S MAIDEN N			
1	S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [If yes, give wor or date of service] 100	1	s. Olive Bow	manRt. 5, Cumb		ylar
	18 CAUSE OF DEATH [Enter only one couse per le PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). / 6 3 × DUE TO	ne for (6), (b), and (c).]	roma	Luny	INTERVAL BETV	
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-					
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AU PERFORA YES 1	MED?
	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	(Enter noture of injury in P	ort f or Port II of item 18.)		
	Hour o.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg, etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the decease alive an			M, fram the causes and DDRESS street city or town, sto		

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

VS A15 (4) 15M 10/57

PHYSICIAN'S NAME (Type)

220 BUR AL. CREMATION, BULLAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

225. DATE THEREOF

John J. Hafer, Cumberland, Maryland

2/10/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01352

Reg. Dist. No.

1. PLACE OF DEATH	ALLEGANY	0.30	MARYLAN	[] a s	AL RESIDENCE (WITATE MARYLA		ived. If institution b. COUNTY	ALLEGAN				
RURAL and give	BERLAND		E LENGTH OF STAY IN 1	b c. (c. CITY OR TOWN (If oulside carparate limits, write RURAL and give nearest lown) CUMBERLAND							
OR INSTITUTION MEMOR	IAL & WARWI	HOSPI CK AV	eddress) ES.,	d.	TREET ADDRESS	FORD ST	TREET		e. IS RESIDENCE ON A FARM? YES NO TO			
3 NAME OF DECEASED (Type or print)		OMER	Middle B		BRILL	4. DATE OF DEATH	FEBRU		•			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARE	NEVER MARRIED DIVORCED	-	OF BIRTH TEMBER 25		AGE (In years lest birthday) by yrs.	Months Days	Hours Min			
anting most at w	TION (Give kind of work tarking life, even if retired Litteriaent	done 10b.	Construct		BIRTHPLACE (SHOLE KIRBY, W		ntryj	12. CITIZEN C	•A•			
13. FATHER'S NAME	WILLIAM BE	RILL			OTHER'S MAIDEN I		.LE					
15. WAS DECEASEDE	VER IN U. S. ARMED FOI	CES? 16.		. INFORMA MEMO	NT RIAL HOSP	ITAL,	CUMBERL		YLAND			
	immediate DUE TO		Carebra	2 Mu	etask It k	ase.	J FEN	work	REVAL BETWEEN SET AND DEATH			
CATIC	OTHER SIGNIFICANT CON WAS UNDERLYING II NG II CAUSE OF DEATH FY MEDICAL EXAMINERY		CRIBE HOW INJURY OCCUI					EN IN PART I(a)	9 WAS AUTOPSY PERFORMED? YES NO (2)			
	URY Manth, Day, Ye	ar 20d. II While at work	Not while	PLACE OF I factory, stre	NJURY (Home, farmet, affice bldg., etc	n, 20f (City o	r town)	(County)	(Slate)			
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	that I attended the	12.5 1AMS	and that dec		19 5 8 10 red at 11:45	AM, fram ADDRESS (Street	the causes a et. city or town,	nd on the da	the deceased the stated above DATE SIGNED			
220. BURIAL, CREMAT REMOVAL (Speci Furlal	m 2/28/19		Hillcrest		etery	Cun		• ما الله	(State)			
Byron I		umbe	riana, md.		24g. REC'	D BY REGISTRA		TRAR'S SIGNATUR				



VS A15 (4) ISM 10/57 12.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01353

1349	CERTIFICATE	OF DEATH
	2 115	HAT PECIDENCE /\A/L

Reg. Dist. No.

)	1. PLACE OF DEATH O COUNTY ALLE	GANY		MARYLAN	II o STATE	DENCE (Whe	ere deceased live	ed. If institution: R b. COUNTY	esidence before	odmission NY	1)			
	b. CITY OR TOWN (I RURAL and give no CUMBERL	f outside carparate timil arest town) A NIO	s, write	c LENGTH OF STAY IN 1	b c. CITY OR 1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) OLDTOWN								
	d. NAME OF HOSPIT OR INSTITUTION	MEMORIAL HR	SPIT VES.	A L	d. STREET A		DIOWN		e.	IS RESID				
	3. NAME OF DECEASED (Type or print)	EDW/	17	Middle H	C A G E		4. DATE OF DEATH	FEBRUAR)	Y 2	Yeo	EO			
}	S SEX MALE	6 COLOR OR RACE WHITE	7 MARR	HED NEVER MARRIED DIVORCED		_	1901		INDER 1 YEAR I	F UNDER Hours	24 HRS Min			
0	100 USUAL OCCUPATION during most of work most of work most of work most of the	ing life, even if retired)		kind of Business or in cuit Orchan	0.11	BERLA	ND, MAR		U.S.A.	WHAT C	DUNTRY?			
		RLES W. CAG				INIE W	ILLIAMS							
	15 WAS DECEASED EVE	R IN U. S. ARMED FOR	rvice)	5001AL SECURITY NO 17	MEMOR I	AL HO	SPITAL,	Address CUMBERLA	ND, MD.					
	PART I. DEA / 5 7 X Canditians, if all gave rise to it cause (o), stating lying cause last.	mmediate (DUT TO		Cedemoco	El Cerron	a de	Pan	me use	ONSE	VAL BETV				
r	PANT II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	NAL DISEASE CO	INDITION GIVEN I	` ' '	WAS AU PERFORA YES [] I	AED?			
		S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED (Enler nature a	finjury in Po	art I ar Pert II o	f item 18.)						
	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea 19	r 20d. It While at work	Nat white	PLACE OF INJURY (S factory, street, office	Home, form, bldg., etc.)	20f (City or I	awn)	(County)		(State)			
Marine and a second	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		_ 185 CCCC DN H11	elect for	19.57 ath occurred at M.D/3	10:15		e couses and city for town, plate	on the date	stated				
1	270. BURIAL, CREMATIO BUTEMOVAL (Specify)	2-5-59		Oliver Gr				umberla		(State)				
	23 FUNERAL DIRECTOR	SCATTELLI	Cu	mber land, Mo	d.	240. REC'D	B 6 159		R'S SIGNATURE of S. Flima					



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF BEATH

01354

	1350	CERTIFI	CATE OF DEATH	Reg. Dist. No.		
1. PLACE OF DEATH 9. COUNTY ALLEGA		MARYLAN	I N STATE		oblitation Residence before admission) NOTY ALLEGANY	
b. CITY OR TOW RURAL and giv CUMBER	N (If outside corporate limits, write e nearest lown)	c. LENGTH OF STAY IN 1		outside corporate limits, wi	rite RURAL and give nearest town)	
OR INSTITUTION	SPITAL (If not in hospital, give street IN AL HOSPITAL	oddress]	d. STREET ADDRESS		e is residen on a far yes no	M?V
3. NAME OF DECEASED (Type or print)	STELLA I	Middle	CASKEY	4. DATE OF DEATH	Month Doy Year EBRUARY 24 19	59
S. SEX FEMAL	6 COLOR OR RACE 7. MAR		MADOH 22	9. AGE (In y log airthd OZ	eors IF UNDER 1 YEAR 1F UNDER 24 oy) Months Days Hours A	HRS Min
10a. USUAL OCCUP. during most of	NTION (Give kind of work done 10b.	OWN HOME		or foreign country) BURG. W. VA.	12. CITIZEN OF WHAT COU	JNTRY?
13. FATHER'S NAME	HARRISON RUS	SSER	14. MOTHER'S MAIDEN			
15 WAS DECEASED (Yes, no or unknown)	[If yes, give war or dates of service]	none	7. INFORMANT MEMO	MEMORIAL RIAL HOSPITA	ANTEWARWICK AVES.	MD.
	DEATH (Enter only one couse per li DEATH WAS CAUSED BY: 100 IMMEDIATE CAUSE (o) 20	1 10	dias fails	ne	INTERVAL BETWE ONSET AND DEA	ATH .
Conditions, i	ony, which	Womonory	embel into	Inforthin,	miligal 3 week	,
couse (a), stati	st (c)	torrorder	otil Hent	Perene		
CATIO	other significant conditions.	arternos	clarosis	INAL DISEASE CONDITION	PERFORMET YES NO	D?
20g ACC-DENT OR CONTRIBUTI UIF EITHER, NOT	WAS UNDERLYING 20b. DES NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED (Enter noture of injury in	Port I or Port II of item 18)	
Y 20c TIME OF IN	n. While	Not while _	PLACE OF INJURY (Home, forr foctory, street, office bldg., et	m, 20f. (City or town)	(County) (S	Stote)
21. I certify alive on 2.	that I attended the decease 4 FM 54, 19	ed Holls.	1937, to 9	6 R, from the caus	Shat I lost saw the dece	eased bove
ACTUAL SIGNATURE	v. alpervan	Ulmen	M.D. 1225	ADDRESS (Street, city or to		
PHYSICIAN'S NAME (Type)		RED VAN ORME	R Cum	berlad, r.	nel	
220. BURIAL, CREMA REMOVAL (Spec	72b DATE THEREOF 2-28-1959	Rosedale	or crematory Cemetery	Martinsbu		
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	24a. REC		REGISTRAR'S SIGNATURE	
Balles F	. Scarpelli Cu	IIIIDEL Land.	Md . DATE			



	135			ATE OF DEATH		OKE, I		1355
1. PLACE OF DEATH a COUNTY ALLEG	MY		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MARY)		l if institution	n Residence befor	
b CITY OR TOWN (IF C RURAL and give nea CUMBER	LAN D	D.	O.A.	c. CITY OR TOWN (IF a	utside corporate li	mits, write RU	RAL and give nea	rest fown]
or institution MEMORIAL	WARNICK	HOSETTAL		d. STREET ADDRESS	ORN AVE			e, IS RESIDENI ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	First LI	ILIAM	Middle LOUISE	CHALKLEY	4. DATE OF DEATH	Month FEB		y Year
FEMALE		MARRIED NEV	DIVORCED [B. DATE OF BIRTH	5 63	t birthdoy) yrs	Months Days	Hours M
100. USUAL OCCUPATION during most of workin Housey	g,tite, even it retired)	0wwnho		USTRY 11. BIRTHPLACE (SIGNE BALTIN	or foreign country		USA	F WHAT COU
13. FATHER'S NAME	KARL REIBE	ድጥ		14. MOTHER'S MAIDEN N		N		
, Mr.	yes, give wor or dotal of serv	Men Men	2	INFORMANT	SPITAL	Addre	RLAND, M	D.
PART I. DEATH	1 {Enter only one cous 1 WAS CAUSED BY: MMEDIATE CAUSE (o)	e per line for (o), (b), and (c)]	Occu	21.00	2_		RVAL BETWEE
Canditions, if any gove rise to im- cause (a), stating th	nediate (100	0 x 2 4	22000	1 7	el vv.		
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING [(If ETITHER, NOTIFY M) (c)_ R SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1(0) 15	WAS AUTO PERFORMED YES TO NO
	CAUSE OF DEATH	06. DESCRIBE HOW	INJURY OCCURR	ED (Enter noture of injury in I	ort Lor Part II of	item 18.)		
Y 20c TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCL While Not what of work of work	hile fi	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or to	~n)	(County)	(S
21. I certify that alive on Actual SIGNATURE	attended the d	1	nd that deat	h occurred at	M, from the Appress (Street, of	couses an		

PHYSICIAN'S NAME (Type)

PR. GEORGE SIMONS

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

Burial

22c. Name of Cemetery or Crematory 22d. Location/City, lown, or county)

Sunset Memorial Park Cumberland, Mary land

23-FUNERAL DIRECTOR'S SIGNATURE elli Cumbernisand, i

240 REC'D BY REGISTRAR
DATEFFB 1 0 '59

246 REGISTRAR'S SIGNATURE

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1352 CERTIFICATE OF DEATH

01356

1352

Reg. Dist. No.

	PLACE OF DEATH COUNTY Allegany			MAR	YLAND	2. U	SUAL RESIDENCE (WH. STATE Mary)		d lived If instit b. COUN	FV	ence before Legany	
ľ		autside corporate limi	ts, write	c. LENGTH OF STA	1 IN 16	c.	CITY OR TOWN (IF o	utside corp	orate limits, write	RURAL on	d give neare	est town)
-1	Cumberl			7 days	3	0	Cumberlar	nd. Ma	amvland			
ı	d. NAME OF HOSPITA	AL (if not in hospital, g	ive street			d	STREET ADDRESS	2.4.9	11.7 20114		e.	IS RESIDENCE
) [OR INSTITUTION	art Hospit	a 7.			17	107 Valley	· Ota	t			ON A FARM?
Ì	3. NAME OF	Fir		Middl		1						
	DECEASED				-		lost	4. DATE OF		onth	Doy	Yeor
-	(Type or print)	Charle		E.			larber	DEATH	1,60	ruary		th 19 59
	S. SEX	6. COLOR OR RACE	/ MARR	IED NEVER MARR		B. DAT	E OF BIRTH		9. AGE [In year last birthday) Months		Hours Min
L	Male	White	WIDOWE	D III DIVORC	ED 🔲	5-	21- 1879	1878	80 ×		Duy.	HOURS WITH
	fluring most of work	N (Give kind of wark in hing life, even if retired)	fane 10b	KIND OF BUSINESS	OR INDUS	TRY 1	1 BIRTHPLACE (Stole	or foreign (country)	12. (ITIZEN OF	WHAT COUNTRY?
Ц	Salesm		W	idesale Pr	2 duc	P	West Vi	irgin	ia		II S A	
	3. FATHER'S NAME					-	MOTHER'S MAIDEN N				U-D-A	•
	Frederf.ck	Danhan (D)				V-973 7.7.5					
	IS WAS DECEASED EVER		CES2 14	SOCIAL SECURITY NO	17 In	NFORA	Flagg Vi	rgin		ddress		
		If yes, give wor or dotes of a	arvera)						~	DOTES!		
				14-05-57		(Chart Ptis					
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Corona		C-c	chroim					VAL BETWEEN T AND DEATH
	12710 1	DUE TO			/							
1	Conditions, if or	w which I										
	gave rise to in	mediate										
1	couse (o), stoting t	he under- DUE TO										
	lying cause lost.	J {c										
,	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DI	ATH BUT	NOT R	ELATED TO THE TERMI	NAL DISEAS	SE CONDITION (SIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
-	₫										١	YES NO
	PART II OTH	CAUSE OF DEATH I	206. DESC	CRIBE HOW INJURY (CCURRED) (Ente	er nature of injury in P	ort I or Pa	rt II of item 18.)			
	20c. TIME OF INJURY	Month, Doy, Yes	20d. IN	UURY OCCURRED	20e. PLA	ACE OI	FINJURY (Home, form,	. 20f. (Cir	v or town)		(County)	(Stote)
1	20c. TIME OF INJURY Hour o. m, p. m.	19	While at work	Not while	foc	lory, s	treet, office bldg., etc.		,,		(Coomy)	farores
	_ <u> </u>	at i attended the		71/	18		1954, to	2/2	194	9 that	L last saw	v the deceased
	alive an	7/25	. 195	en /			rred at 3 P:	M. fra	m the causes	and an	the date	stated abave
		.0.	9						itreet, city or low		me date	DATE SIGNED
	SIGNATURE	Les It.	3	en d.		M.D.	• += •		*		ر ہــــــــــــــــــــــــــــــــــــ	127/59
	NAME (Type)	Dr. T. H.	Iey.	•			1,56 No	rth_C	entre Si	raet.	Cumb	erland 1'd
1	20 BURIAL CREMATION REMOVAL (Specify)	1. 22b. DATE THEREO	F	22c NAME OF CEA				22d LOCA	TION (City, town	, or county)	(Stole)
	Burial	2/28/	54	SS. Pete	YOF	0.0	Come Try	Cu	mberl	avid		md
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGIS		GISTRAR'S	SIGNATURE	
	Jours St.	un Inc.	Cu,	mber and	t, n	n d		AR 3	firm of the			
F		, ,			-1-		UAIC			- Just	9 th	4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



er dedrin roge 4		erol director.	aid be filled with	4
WITHIN 24 HOURS ONE		tely filled in by the	Pages 1 and 2 sh	
he town requires that the degrif certificate be executed within 24 hours oner death roge 4		hos been signed by the attending plysician and completely filled in by the contractor.	rial-transit permit. Then please remove carbon papers. Pages 1 and 2 shard be filled with	consucration denth
ומו וווע מבמיוו רבנו		y the altending pl	. Then please ren	event within 72 h
ne low reduites in	physician.	hos been signed to	rial-transit permit.	movel, and in any event within 72 house after death

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
1957	CEDTIEICATE	OF	DEATH		

CERTIFICATE OF DEATH

	10	य द	CEKIII	107	il Oi Di	-7111			Reg. D	ist. No	,	
1. PLACE OF DEATH	LEGANY		MARYLI	- 1	O WEST \			d lived If instituti 6 COUNTY		nce belo NERA		าอก)
b. CITY OR TOWN (I	f outside corporate limi eorest town) _AND	ts, write	c. LENGTH OF STAY IN	l lb		WN (IF OU		prote limits, write R	URAL ond	give ned	arest town) ~
d NAME OF HOSPIT	AL (If not in hospitol, Q _ HOSPITAL	ive street	oddress)		d STREET ADD		1					PARM?
3. NAME OF DECEASED (Type or print)		LEY	BENJAMIN		DAY	ſ	4. DATE OF DEATH	FEBRU		6	,	Year 19 59
5. SEX MALE	WHITE	WIDOWI			April 25			9. AGE (In years lost-hirthdoy) yrs	Months	R I YEAR Days	Hours	R 24 HRS Min.
RETIRE	king life, even if relired)	KIND OF BUSINESS OR Wy. Machin		WEST	VIRG	INTA	ountry)	12. C	U.S		COUNTRY
ID. FATHER'S NAME MILES DA					ANNIE	BLA						
15 WAS DECEASEDEVE (Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		DRMANT MEMORIAL	HOSP	ITAL	- CUMBER	LAND	MOR I	AL A	VE.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	h	ne for (0), (b), and (d).	2e 6	Cores	-d)	Lu	ufo			ERVAL BE	DEATH
Conditions, if o	mmediate (monding	Ru	ei Colic	elis	elle	left le	up	2	y y	'an
couse (o), stoting lying couse lost. Z PART II. OTH	the <u>Under-</u>)	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	HE TERMIN	IAL DISEAS	E CONDITION GIV	/FN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CATIC			CRIBE HOW INJURY OCC								PERFO YES	NO [
OR CONTRIBUTING	CAUSE OF DEATH				E OF INJURY (Ha							
20c TIME OF INJUR Hour o m.	Y Month, Day, Ye	While	Not white	focto	y, sizeet, office bi	ldg., etc.}	i zvr. (Cir)	y or town)		(County)		(Stole)
21. I certify th	r 11 1-	decease, 1250	ed from <u>UG</u>	/				n the causes o				
ACTUAL SIGNATURE	Her	cec	suce	М.	5	1 G	DORESS (S	treet, city or town,	siole)		2/	TE SIGNE
PHYSICIAN'S NAME (Type)	DR. WEISMA				and any of the time.	ub	ede	and.	lu	1		'/
PEMOYAL (Specify)	Feb. 8,	1959					_	TION (City, town,			(Stote	e)
23 FUNERAL DIRECTOR		qe.	ADDRESS Cumberla	nd.		4a REC'D	BY REGIS		STRAR'S S			



M

VS A15 [4] 15M 9/55 0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1355 CERTIFICATE OF DEATH

	نة فر	JJ	921	X 1 11 1 1 4	7741	- 01 5	N= / 1			Reg.	Dist. No),	47
1. PLACE OF DEATH o. COUNTY					2.	USUAL RESID	ENCE (Wh	ere deceose	d lived. If institu		idence bef	ore admiss	sian)
0. 0001417	Allegan	V	N	AARYLAND		o STATE	[arv]	and	b. COUNT		ller	ranv	
b. CITY OR TOWN (If o RURAL and give near	utside corporate limi	s, write	c. LENGTH OF	STAY IN 16		c. CITY OR T	OWN (IF o	utside corpo	prote limits, write				n)
Cumberlar	-		35vr	°S.		Cumb	perla	nd					
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street	oddress)			d. STREET A						e. IS RES	
735 Maryl	and. Ave	2			11	735	Mary	land	, Ave.				FARM?
3. NAME OF DECEASED	Fin	it .	M	ıddle		Lost		4. DATE	Me	onth	D	dA .	Year
(Type or print)	OPAL	I	AVODA	DI	CK]	INSON		OF DEATH	Feb.	1	.0		19 59
5. SEX 6	. COLOR OR RACE	7. MARI	HED THEYER M	ARRIED [B. D	ATE OF BIRTH)	I	9. AGE (In year		DER I YEAR	IF UND	ER 24 HRS
Female	White	WIDOW	ED DIVO	ORCED 🗍	-	3/21/3	L		last birthday)	241491111	hs Doys	Hours	Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work of	lone 10b.	KIND OF BUSINE	SS OR INDI	USTRY	11. BIRTHPL	ACE (State of	or foreign o	ountry)	12.	CITIZEN (OF WHAT	COUNTRY
Houseke		at	Home			V	v. Va	l.			USA		
13. FATHER'S NAME					14	. MOTHER'S	MAIDEN N	AME					
James S	. Thomas	3				La	ura	Wago	ner				
15. WAS DECEASED EVER II	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17.	INFOR	TNAME				dress			
no			none	A		J. Dic	kins	on	Cumber:	Land	. No	i.	
18. CAUSE OF DEATH	Enter only one co	use per li	ne for (o), (b), and	(c).]			16		4		INI	ERVAL BE	TWEEN
PART IL DEATH	WAS CAUSED BY:	20	eassie	Car	ul	mal	Hoe	Enso	rele	ge	ON	ISET AND	DEATH
33/X "	DUE TO		<u> </u>			-							
Conditions, if any,		/	erten	ose	le	LOZA	2					Zme	Ro.
gave rise to imm couse (a), stating the	rediote (
lying couse lost.	(c)												
PART II. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BU	TNOT	RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION G	IVEN IN	ART 1(a)	19. WAS .	AUTOPSY
S													RMED?
PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING UF EITHER, NOTIFY ME	INDERLYING A	20b. DEŞ	CRIBE HOW INJUI	RY OCCURR	ED. (Er	nter noture of	injury in P	ort I or Por	t II of item 18.}				
	DICAL EXAMINER												
Y 20c. TIME OF INJURY Hour v. p. m.	Month, Day, Yea		JURY OCCURRED	20e. Pi	LACE (OF INJURY (H	lome, farm,	20f. (City	or town)		(County)		(State)
¥ p, m,	19	While at wor	k or work	_	actor y,	arreer, orrive	ning., etc.)	i					
21. I certify that	Lattended the	deceas	ed from Se	by.	15	10 -5 3	10 A	Tet	10, 195	Filas	Lineta	mu Aba	d
alive on FR	6.9.		- M						n the causes				
			<u></u>	nor dedir		-DITEG OL_	A	LDORESS (SI	reet, city or town	ana ai . stotel	i ine qo		ea above Atë_SIGNEI
ACTUAL SIGNATURE	land		Gurse	4	MID	73			r ago		hu	Lan	L.
					. (71.6/)							22	
PHYSICIAN'S NAME (Type)													
220. BURIAL, CREMATION,	226. DATE THEREO	F	22c. NAME OF	CEMETERY C	OR CRE	EMATORY		22d. LOCA	ION (City, town,	or count	γŀ	[Stote	e)
REMOVAL (Specify)	2/12/5	7	Sunset						berland			,	,
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS				24a. RECLD	BY REGIST	RAR, 246. REG	ISTRAR'S	SIGNATU	RE	
H. Lee Si	lcox (Jumb	erland.	Nd.			DATE	LU I D	09	بستثثيث	7 L. 74	and	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01360

Barrio Black Black	
Reg. Dist. No.	

		356	CERTIFI	CAT	E OF DEATI	H		Reg. Dist.	_	901)
1. PLACE OF DEATH D. COUNTY	LEGANY		MARYLAN	- 11	USUAL RESIDENCE (W	here deceased		n: Residence	befare admi	ss on)
6 CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (IF	aulside carpora	ile limits, write RU	RAL and giv	re nearest to	wn)
RURAL ond give of			I DAY		PAW P	ΔW		. 1		
d. NAME OF HOSP OR INSTITUTION WARWICK	MEMORIAL	HOSP I	TAL		d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	JOH	rst N	Middle B.		Losi DOYLE	4 DATE OF DEATH	Month FEBR	UARY	26,	Year 19 59
S SEX	6. COLOR OR RACE	7. MARR	RIED X NEVER MARRIED	_ B D	ATE OF BIRTH	9	AGE (In years last birthday)		YEAR IF UNI	1
MALE	WHITE	WIDOWI	ED DIVORCED	J A	UGUST 27.	1907	51 yrs.	Manths D	ays Haurs	Min
10o. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stole	or foreign cau	intry)	12. CITIZ	EN OF WHA	T COUNTRY
					PAW PAW	, W. VA	•		U. S.	A.
13 FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
JOHN DO	DYLE				REBECCA	POST				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO 1	7 INFO	RMANT		Addre	ris		
				ME	MORIAL HOS	PITAL -	CUMBERI	AND.	MD.	
PART I DE 44 20 0 / Canditians, if a gave rise ta cause (a), stating lying cause last.	immediate DUE TO	D)	prova	1	Rion	nlos	Les .		INTERVAL E	D DEATH
[5]			CONTRIBUTING TO DEATH					N IN PART I	1(a) 19. WAS PERF YES	ORMED?
	AS UNDERLYING COME CAUSE OF DEATH A MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	IRRED. (E	inter nature of injury in	Port I or Part I	f of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While of war	Nat while	PLACE	OF INJURY (Home, farr , street, affice bldg., etc	n, 20f. (City o	or Igwn)	(Co	unty)	(State)
21. I certify t	hat I attended the	deceas	ed from Ri 7	-5-	., 19.59 to	2:20	21 1959	that I la	ist saw the	decease
alive on	2:26,	195	4, and that de	ath oc	curred at_L:25	M, from		nd on the	date sta	
ACTUAL SIGNATURE	VX K	1/20	leams	M.D.	Jund	erla	un N	U)	2/2	7/59
PHYSICIAN'S NAME (Type)	DR. W. F		LIAMS			7				
220 BURTAL, CREMATIO REMOVAL ISPECTIVE	3/1/	59	22c NAME OF CEMETER	1 OF CR	L_	PAN	ON (City lawn, or	county)	No.	VA.
23. FUNERAL DIRECTOR	'S SIGNATURE	,	ADDRESS ,	1 -	- W /	D BY REGISTR	L .	RAR'S SIGN	NATURE	
21	Vanta - 7) /	Tukalan.	61.	Con Parks V	IAR 2 '5	9 0	11 . 0	do .	

may be retained by the haspital or attending physician.

• FUNERAL DIRECTOR At After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after seath. TO FUNERAL DIRECTOR POSSES SHOULD BE TO HOSPITAL OR VS A15 (4) 1SM 10/S7



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and

ding

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signed

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P

may be retained DENNERAL DIR page 3 shauld b

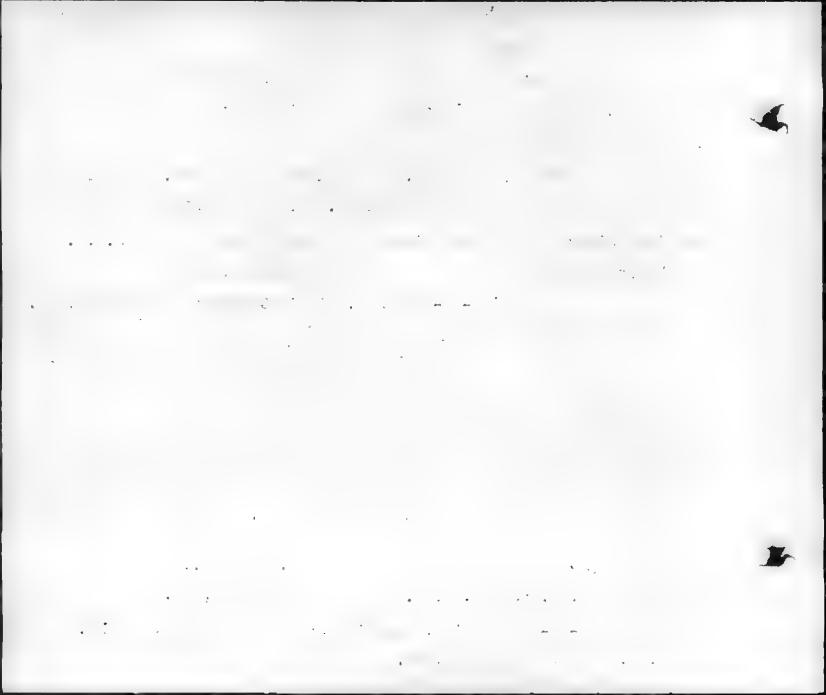
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VS A15 (4)

15M 9/58

papers. cample

executed



CERTIFICATE OF DEATH

01362

Reg. Dist. No.

PLACE OF DEATH a. COUNTY	Al

1393

a. COUNTY	Allegany	MARYLAND		yland b. COJ	NTY Allegany
RURAL and give ne	f autside carporate limits write carest town) ostburg	c. LENGTH OF STAY IN 16		autside corporate limits, wr	ite RURAL and give nearest town)
1 111115 05 110507	AL (If not in hospital, give street ners Hospita	4.4	d STREET ADDRESS	Broadway	e IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	ANNA	MARGARET	FINZEL	OF "	Month Day Year 11, 19 59
s sex female	6. COLOR OR RACE 7 MAR WIDOW	RIED NEVER MARRIED A	B. DATE OF BIRTH Oct. 2, 18	3 AGE (In your berilder	oy) Manths Doys Haurs Min.
Domestic	ON (Give kind of work dane 10b. ang life, even if retired)	kind of Business or Indi Private home	Mary.	land	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14 MOTHER'S MAIDEN		
	es Finzel			Festerman	
15 WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? 16 (If yes, give war or dates of service)		informant irs. Louise	Caton, Fro	Address Md.
Canditians, if a gove rise to 1 couse (a), stating lying cause last.	m mediate	Hugara -	J. Busines	f Colon	5 change
PART II. OTH	ER SIGNIFICANT CONDITIONS	NONE	T NOT RELATED TO THE TERM	ainal disease condition	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 206 DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II af item 18	ì
20c. TIME OF INJUR Haur a. m p. m.	Y Manth, Day, Year 20d While at war	Nat white f	LACE OF INJURY (Hame, far actory, street office bldg, et	m, 20f. (City ar town)	(County) (State)
21. I certify the alive an	at I attended the decear	Olfuter;	h accurred al 6 05/	AM, from the causes ADDRESS (Street, city or to Broadway,	that I last saw the deceased and an the date stated abave. Own, state) DATE SIGNED
NAME (Type)	Martin Re	othstein, M.	D. Fro	ostburg, Mo	
220 BURIAL, CREMATIO REMOVAL (Specify) Burial	Feb. 6 159	Finzel Cen	or crematory netery	22d. LOCATION (City, to Finzel.	
23. FUNERAL DIRECTOR		ADDRESS		TO BY REGISTRAR 246.	REGISTRAR'S SIGNATURE

ATTENBILIG PHYBICIAN: YIII law requires that the doubt certificate be executed within 20 liours after death. Page 4 TO HOSPITAL OR ATTENBLING PILYBICIAN: The law requires that the demit certificate be executed within 20 Blours after may be retained of the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbor pages. Pages 1 and 2 shifther registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

filed with eral directar

VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01363

L		130/		CERTI	FICE	416	OF D	EATH				Reg. Di	ist. No.		, 0 ()
1.	PLACE OF DEATH o. COUNTY Alle	gany		MARY	LAND	2 U	STATE	NCE (Who	ere deceased	l lived If ins b. COU	Hitutian INTY	Resider All	egar	re adm s	sion)
	b. CITY OR TOWN (tf outside corporate lim earest town) POPT	its, write	c LENGTH OF STAY	IN 1b	44.2	CITY OR TO			rote limits, wr	ite RUF	tAL and	give nec	rest fow	n)
	d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospital, of Md. Ave	give street e	address]		1	304 1		ve.						IDENCE FARM?
3	NAME OF DECEASED (Type or print)	Harry	rst	Lloyd		ren	lost nan		[Feb.	Month		6 Do	/	Yeor 1959
5	Male Male	6 COLOR OR RACE White	7. MARI WIDOW	RIED MEVER MARRI ED DIVORCE			te of birth	1900		9. AGE (In y lost builtd	oy)	Months	Days	IF UND Hours	ER 24 HRS Min
10 P	during most of wor	ON (Give kind of work king life, even if retired SUP To	done 10b.	aper Mill	OR INDUS	STRY	Penn.		or foreign co	ountry)		U.S	42	F WHAT	COUNTRY
	FATHER'S NAME Harry M. F	'oreman						AIDEN N.	_				n		
(Y		R IN U. S. ARMED FOI (It yes, give wor or dates of		17-05-4636		Mrs	MANT S. Haze	l Fo	reman	-Weste	rnpo		Md.		
		ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	-	ne for (o), (b), and (c).	13	Le	ن						INTI ON	RVAL BI	TWEEN DEATH
	Conditions, if any, which) (b)														
gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c)															
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT	RELATED TO T	HE TERMIN	NAL DISEASI	E CONDITION	GIVEN	IN PAR	1 1(0)	PERFO	AUTOPSY ORMED?
	200 ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY O	CCURRE	D. {Ent	ter nature of i	njury in P	ort I ar Parl	II of item 18	1				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	lY Month, Day, Ye 19	or 20d. II While of wor	NJURY OCCURRED Not while t of work	20e PL/ foc	ACE O	F INJURY (Ho street, office b	me, form, oldg., etc.)	20F (City	or town)		(County)		(State)
	21. I certify the	at I attended the	deceas	ed from	/	accı		to 2.			-				
	ACTUAL SIGNATURE	1 76	B	227		M.D.	J.	e d	4	reet, city or to		otel Ci	- 4	7 /	ATE SIGNED
_	PHYSICIAN'S NAME (Type)	P.E. Berry					Bied	lmont	, W.V.	а.				city and man for the	
22 B	BURIAL, CREMATIC REMOVAL (Specify)		OF .	Rest Lawn						rion (City, to aVale	wn, or	county)		(Sto	
23	FUNERAL-DIRECTOR	S SIGNATURE		ADDRESS Westernpo	rt,	Md.		ATEFEE	BY REGIST		REGIST		GNATUI	_	



01365

1357

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY										ion)					
	b CITY OR TOWN (If RURAL and give neg	rest fown)	ts, write		H OF STAY I	N lb	c. CITY OR				, write R	URAL and	give nec	arest town)
-	d. NAME OF HOSPITAL (If not in haspital, give street address)						× RURAL Rt. 2,								
3	OR INSTITUTION					d STREET A						e 15 RESIDENCE ON A FARM?			
<u> </u>		RED HEART	HOSPI	TAL				FROS	TBURG					YES [7]	NO []
3.	NAME OF DECEASED	Fir	st		Middle		la	ı	4. DATE OF		Mon	th	Da	ly 1	fear
	(Type or print)	ELLA					GARLITZ		DEATH	F	EB.		9	1	19 59
5.	SEX	6 COLOR OR RACE	7 MARR	IED 🔲 ME/	VER MARRIE		B. DATE OF BIRT			9. AGE (I	In years rthdoy}	IF UNDE Months		IF UNDE	
	Frmale	WHITE	WIDOWE		DIVORCED		DEC. 8,	1880		10	yrs	Months	Doys	Hours	Min
10	during most of work r HOUSEW I	ng lite, even it retired	done 10b.	KIND OF B	USINESS OF	NDUS		ACE (Stote of		ountry)		12. CI	TIZEN C		COUNTRY
13	FATHER'S NAME	•	l				14 MOTHER'S						00		
	Thomas	Hemings	3				Alic	e Ha	nev						
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	CURITY NO	17 11	HORMANT				Addi	ess			
["	es no. or braindwhij (in	yes, give war or dates of s	ervice)				PATTENTS	CHAR	T						
	18. CAUSE OF DEAT	H Enter only one ca	iuse per lin	e for (a), (t	b), and (c)]								INTE	ERVAL BE	TWEEN
	PART I DEATI	H WAS CAUSED BY-	, U	REA	11A								ONS	ET AND	DEATH
		DUE TO				Cycle	o-vanc	wels	- Res	al E	hoo	del			-
	Conditions, if ony, which) by Hyperkusine out Outenoscleration 1-2 years														
	gove rise to immediate Course (a), stoting the under:														
	lying couse last. (c) CAAGREAT AMIVIATION, left, mid 18196														
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED.														
Š	to Diagetes with Gaupiene 12 days YES NOW														
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 200. DESCRIBE HOW INJURY OCCURRED Fenier noture of injury in Part I or Part II of Item 18.) [IF EITHER, NOTIFY MEDICAL SKAMINER]														
18	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. IN	JURY OCCI	URRED 2	20e PLA	CE OF INJURY I	Home, form,	20f. (City	or tawn)			[County]		(Stote)
MEDICAL	Hour o.m.	т ТУ	ot wark	Not war		foc	tory, street, office	bldg., etc.)	1						,,
	21. I certify tho	t I attended the	decease	ed fram.	23	to	1 1959	, to 9	Fic	6	1959	that L	last so	w the	deceased
	alive on	f Feb	, 19.5			death	accurred at		•M. fran	n the co	uses a	nd an i	he da	te state	d ahave
		N2 -		7.7					DORESS (S					94	TE SIGNED
	ACTUAL SIGNATURE	Here	190	udi	1 4		M.D. 5	7014	ene	57				24	100
	PHYSICIAN'S NAME (Type) S	. Weisman	. M T	1				Cem		læ	ed,	, lu	d	-17	
22	BURIAL, CREMATION			22c NAM	E OF CEMET	TERY OF	CREMATORY	-616367	22d. 10CA	TION (City			Ma	/Stote	1
	REMOVAL (Specify)	2-11-59)	St.			emeter		-	rett		intv		Md.	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDR					BY REGIST			TRAR'S SI	GNATUR		
	Joseph R.	Durst,	Fros	stbur	g, M	d.		DARRES	1 3 '59		7 -1	. A . P .	20		





FOR STATE HEALTH DEPT. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in liem, 18. Give Pages 1, 2, and 3 to the funerologistic. Page 4 should be in "buded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to files.

TO FUNERAL DESCRICE: any be used as a burial-transit permit. File pages—and 2 with the State Bo. If of Health, at removal, and in any event within 72 hours offer death. I

VS. A15ME 5M 2/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H R

N1367

1.	PLACE OF DEATH	-	-		2. USUAL RESIDENCE	(Where decepsed lived	. If institution: Resid	ence before admission)	
	a. COUNTY	EGANY		MARYLAND	D. STATE WEST	VIRGINIA	COUNTY MINI	ERAL	
	b. CITY OR TOWN (II und give negres) town)	autside corporale hmilis, write l	URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outs'de corporate li	mits, write RURAL on	d give neorest fown)	
	,	BERLAND		I DAY	FORT	F ASHBY	8-1	• V	
			IOR I A'L'		d. STREET ADDRESS	i Paris	Table Table	ON A FARM? YES NO	
3	NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Doy Year	
	(Type or print)	EUGEN	E	HARRY	Gulick	DEATH	Feb. 5	19 59	
5	. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	. DATE OF BIRTH		(In years IF UNDER		
1	MALE		WIDOWED (OCTOBER 17.	1911 47	yrs. Months	Days Hours M'n.	
1	00. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. Kth	to Sales Bus	TRY 11. BIRTHPLACE (SIG	te ar foreign country)		IZEN OF WHAT COUNTRY?	
	SelfE	hployed	Aut	to Sales Bus	• WEST	VIRGINIA R	omney U	.S.A.	
1	3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	НС	WARD E. GUL	.1CK		GRACE	P BLACKBURG	à		
	5. WAS DECEASED EVE	R IN U. S. ARMED FORG	ES? 16 SC		NFORMANT	~	Address	•	
Ι,	yesman	for hear floor was on on an or se-	57'	7-48-8548	MEMORIAL HOS	SPITAL	CUMBERLAN	D, MD.	
	18. CAUSE OF DEAT	H [Enter only one cause	per line fo	(a), (b), and (c)]	To the same of the same	•		INTERVAL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY:		Maceration	of Brain			CHARTAI RETWEEN CHARTAINS ET AND DEATH 29 Hrs.	
	900.0	DUE TO				-		-	
4	Conditions, if or			Skull Frac	ture			29 Hrs.	
	gove rise to immediate course (a), stating the underlying DUE TO								
	cause lost.	(c)_							
	Z PART II, OTH		TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY	
	PART II. OTH 200. EXTERNAL CAU PRIMARY 1 or CON CAUSE OF DEATH.							YES PERFORMED?	
	200. EXTERNAL CAU	SE WAS 20b	DESCRIBE I	TOW INJURY OCCURRED.	Enter nature of injury in P	ort for Port II of ilem	18 }		
	PRIMARY II or CON CAUSE OF DEATH.	HKIBOTING []	Fall	down step	at home				
	3 20c. TIME OF INJUR	Y Month, Day, Year	20d IN	JURY OCCURRED 200 PL	CE OF INJURY (Home, fo	irm, 20f. (City or fowr) {Co	unty) (State)	
	20c. TIME OF INJUR	Feb.4 195	9 at work	Not while for	tory, street, office bldg , a Home	FORT AS	ABY MINERA	L. W.VA.	
- [moins described ob	ove, held on Autor	sy XI, Inspect	ion M. Inqui	ry X, ond in my	
	1			uses], Accident					
			A	,	Carlo				
	/	1						DATE SIGNED	
	ACTUAL CONTRACTOR	en a chart	-56	Taxolic)	CHIEF MEDICAL	EXAMINER [DATE SIGNED	
	ACTUAL SIGNATURE	Senechat	-Sk	tarelie)	M D.	EXAMINER ICAL EXAMINER		DATE SIGNED	
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	enedict s			M D.	ICAL EXAMINER	Feb. 5.		
2	NAME (Type) B	N 226. DATE THEREOF	kitar	ratio, M.D.	ASSISTANT MEDICA	L EXAMINER	Feb. 5,		
2	RAME (Type) B	N 226. DATE THEREOF	kitar	elic, M.D.	ASSISTANT MEDICA DEPUTY MEDICA CREMATORY	L EXAMINER (X)	ity, town, or county)	_1959_ (State)	
	NAME (Type) B	2/8/59	kitar	elic, M.D.	ASSISTANT MED DEPUTY MEDICA R CREMATORY Lal Park	ICAL EXAMINER LEXAMINER 22d LOCATION (C Cumber)		_1959(Store)	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1360 CERTIFICATE OF DEATH

01368

- 1		
	1. PLACE OF DEATH O. COUNTY Allegany MARYEAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE Mention b. COUNTY (Literatury)
	b. CITY OR TOWN (Il by sade corporate limits, write c. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and garefrequest-town)
	OR SPISITION MY Loyal Ove	d. STREET ADDRESS. 807 MAR Royal Are. ON A FARM? VES 1 NO 2
	3 NAME OF DECEASED (Type or print) First Middle Middle	Horte Jean Feb. 11 1959
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min Months Doys Months Mon
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU Duling most of yorking life even it spired) Betting online of Bullding	Maysville W.Va N. S. A
	George S. Hawk	Mary Ellen Kight
	(Yes the approximately (If yes, give wer or dates of service) your)	yrs. Thelma Whl. Cumb. M. Q.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	450.0 DUE TO Canditions, if ony, which) (b)	
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)	
	CAIX	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \[NO \[]
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of ilem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED for the p.m. 19 of work of work 1/2 of work	ACE OF INJURY (Home, farm 20f. (City or town) (County) (Slote) clary, street, office bidg., etc.)
	21. I certify that I attended the deceased from 1/9 alive an 1/9 and that death	1959, to 7/1 , 1957, that I last saw the deceased accurred at \$05AM, from the causes and on the date stated above
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or lown, stote) ACLON Contre St. 711/59
	PHYSICIAN'S LEO H. LEY JR.	Cumbeland, Gul.
	Burnet 2/13/59 Hellered	CERMATORY 22d LOCATION (City, lown, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE Jac. Crumb.	M 2. DATEFEB 1 6 59 ONLINE P. HOUSE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1361

CERTIFICATE OF DEATH

01369 Pan Dist No.

	Keg. Disi. 140.	
1. PLACE OF DEATH a COUNTY ALLINGANY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARY LAND b. COUNTY ALTEGANY	
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
CIMBERIAND 12 HRS. 5 M	N. CUMBERLAND	
d NAME OF MOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d STREET ADDRESS e. 1S RESIDEN. ON A FARI	CE
SACRED HEART HOSPITAL	825 OLDTOWN, RD. YES NO	
3 NAME OF First Middle DECEASED (Type or print) TIEY Mann H)	Lost 4. DATE Month Day Year OF DEATH FEB. 18 19	59
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS
MALE WHITE WIDOWED XX DIVORCED	April 11. 1895 63 yrs Months Days Hours M	Ain
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU	JNTRY
Retired shipping clerk Kelly-Tire	Co Fulton Co. Penna. U.S.A.	
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
Luther Hiett	Maggie Winters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III	NFORMANT Address	
NO, [(f yes, give war or dates of service) 218-16-2815 N	Irs. Ethel M. Truax Hancock, Maryl	ano
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	hemorrhage 124 15	
445X DUE TO		
Conditions, if any, which) (b) 14 gentleme	we Perhamente Danie 3-4m	int.
gave rise to immediate cause (a), stating the under-		
lying couse last. (c)		
LIVE CALL	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO),
20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Port I or Port II of item 18.)	and a second
	ACE OF INJURY IHame, form, 20f (City or lawn) (County) (Story, street, office bldg., etc.)	tate)
Hour o. m. 19 While Not while of work of work	iony, weer, onice mag., etc.)	
21. I certify that I attended the deceased from.	=	ensen
olive on	occurred at 2051 M, from the causes and on the date stated a	bove
	ADDRESS (Street, city or town, stote) DATE St	
SIGNATURE William P. Diene	M.D. 441 N. CENTRE ST., CUI BERLAND, MD.	
PHYSICIAN'S WILLIAM P. IAMES , M.D.	441 N. CENTRE ST., CUMBERLAND, MD.	
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)	
Burial 2/22/59 Tonoloway F	Baptist Cem. Nr. Hancock, Maryland	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	
H. Wayne George Cumberland, Mar	cyland pare FEB 2 4 59 C than 8 dr	



F ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1205 CERTIFICATE OF DEATH 01370

was of & there

	2000	CERTIFIC	AIE OF DEATI		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLANE	11012 7 20	here deceased lived	COUNTY A T T	nce before admission) .egany	
b, CITY OR TOWN (I	If outside corporate limits, with corest towns	rite c LENGTH OF STAY IN 18	c. CITY OR TOWN (IF		its, write RURAL and	give nearest town)	
d NAME OF HOSP TO OR INSTITUTION	AL (If not in hospital, give s	treet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	AGNES	(WALKER)	HITCHINS	4 DATE OF DEATH	Month FEB	Doy Yeor 1. 19 50	
5. SEX	6 COLOR OR RACE 7.	MARRIED ANEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNDER	TYEAR IF UNDER 24 HR	
female	white wit	DOWED DIVORCED	5-29-1908	1035	(In years IF UNDER Months	Days Hours Min	
10a. USUAL OCCUPATION during most of work nousey	ung litg, even it retired)	Own home	OUSTRY 11. BIRTHPLACE (Stole Mary)		12. CI	U.S.A.	
13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
James	Walker		Jan	et Briml	.OW		
	R IN U.S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT		Address		
1	ye yes. give not or octob or re-vices	none	Wm. Hitchi:	ns, Midl	othian.	Md.	
PART 1, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line for (o), (b), and (c).]	rebal.	Phromb	osis	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if a	mmediate (Hyperten	sive Cardi	à vaic	. diseas	e 18 yrs	
couse (o), stating lying cause lost	(c)	Dahe	tes mel	litus		? 9 4	
N ACCIDENT	Diabetic (ONS CONTRIBUTING TO DEATH 8	Herriple	via L	. 1	PERFORMED? YES NO	
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	KED (Enter noture of Anjury in	Part t or Port It of it	em 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	W W	Od INJURY OCCURRED 20e. While Not while twork of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or town	n) (i	County) (State	
21. I certify that 1 attended the deceased fram 1/27, 1957, ta 2/1, 1957, that I last so alive on 1957, and that death occurred at 62 A.M. from the causes and on the da							
ACTUAL SIGNATURE	rank T.	ADDRESS (Street, cit 6 W. Mec	y or lown, stole) hanic St	DATE SIGN			
PHYSICIAN'S NAME (Type)	F. T. Har	rat, M. D.	F	rostburg	, Md.		
220 BURIAL, CREMATIO REMOVAL (Specify) Burial	Feb. 3 5	22c. NAME OF CEMETERY 9 F bg. Memo			ity, town, or county)	(Stote)	
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	240 PEC		24b REGISTRAR'S SIG	GNATURE	
J. R. I	ourst,	Frostburg, Mo	DATEFE				

TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

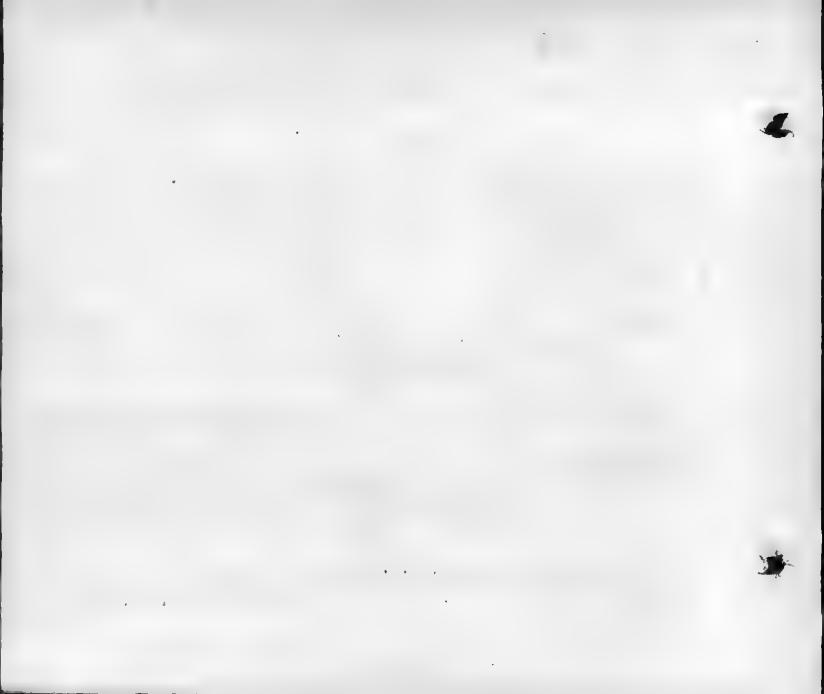


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1362 CERTIFICATE OF DEATH

01371

				Keg. Uis	T. NO.
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Who o STATE	ere deceased lived.	If institution: Residence	e before admission)
ALLEGANY	MARYLAND	MARYLA	ND	ALI	EGANY
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY PT 16	c. CITY OR TOWN (If a	utside corporate lir	mils, write RURAL and g	ive nearest lown)
CUMBERLAND	LKEXX	On' CUMBI	ERLAND		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d., STREET ADDRESS			e 15 RESIDENCE
	HOSPITAL	811 1	MEMORITAT.	AVE.	ON A FARM? YES NO 🔀
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Day Year
(Type or print) FRED	2	HOLLEN	DEATH	मच्यू .	2 19 59
5 SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH	9. AG		YEAR IF UNDER 24 HRS
MALE WHITE WIDOWE		et. 24,1899		59 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of wasking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote	or fareign country)	12. CITI	ZEN OF WHAT COUNTRY
Car Foreman E	3 & O Railroad	d Maysville	J.V.A.	I II	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Wellinton R P. Holl	len	Margaret	Harman		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	VFORMANT		Address	
200	05-09.9690	WIFE CATHE	RINE Holl	en811 MEMO	RIAL AVE.
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).)			n gam of	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ecute la	72610 FR.	deal	FIRELLE	ONSET AND DEATH
420.1 DUE TO		, /	2		
Conditions, if any, which)	Scute 1	e wither a p	la.	0-0 1	1 1 13.1
gave rise to immediate		C LYCKTOYCF	- 1. 2 a. 7	19 7. 7. 7. 7. 7. 1. 1.	12 /2
tying cause lost	Kefa	- 1202222	Cordu	Our cy The	eren Bar-
PAIT II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	
PART II. OTHER SIGNIFICANT CONDITIONS C	en Silla	マイッ			PERFORMED?
	TRIBE HOW INJURY OCCURRED		Part I or Part II of i	lem 18.)	1
200 ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					<i>"</i> /
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form	. 20f (City or tow	(n) (C	ounty) (Slate)
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN While p. m.	Not while fac	tary, street, office bldg , etc)		- Lance (4.0.0.2)
			1		
21. I cartify that I attended the decease		197,-10-			ast saw the deceased
alive on 19	55, and that death	accurred at 4:35/	M, fram the	causes and an th	e date stated above
1X3,	/		ADDRESS (Street, ci	ity or town, state)	DATE SIGNED
SIGNATURE BULLETO	ullder,	4.0. 54-CY	REEK	15 31	2/3/50
PHYSICIAN'S Significan'S Significan'S	MAN MI	O CUMB	ERLA	ND, MI	>
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d LOCATION (City, town, or county)	(Slote)
Burial Feb. 5, 1959	St. Mary's	Cath. Cem.		and, Mary	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b. REGISTRAR'S SIG	
John J. Hafer, Cumberland	d, Maryland	DATEER	1 1 159	0-1-56	





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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1001

01373

	7903	CERTITICA	AIL OI	DLAII	•		Reg. Dist. N	lo.
1. PLACE OF DEATH			2 USUAL R	ESIDENCE (Wh	ere deceased	lived. If institutio	n Residence be	fore admission)
a. COUNTY	Allegany	MARYLAND	a STATE	Mamvl	and	b. COUNTY		
b CITY OR TOWN	(f autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY (OR TOWN (IE o	ulside cornor	ote limits, write Rt	IPAL cod cive o	
RURAL and give	nearest town)		1			ore minus, write ac	JAAL DIG GIVE II	ishten idmil
Cumber	rland ITAL (If not in hospital, give stree	1 5 days	O 24.	Cumber	Land			
OR INSTITUTION	ITAL (it not in nospital, give stree	T address)	d STREE	T ADDRESS				e. IS RESIDENCE ON A FARM?
	Sacred Heart H	<u>ėspital</u>	<u> </u>	30 W st	lst	Street		YES NO
3. NAME OF	First	Middle	±-	Lost	4. DATE	Mont	th !	Day Year
(Type or print)	Rebecca		Ноо	10	OF DEATH	Feb		2 19 59
5. SEX	6 COLOR OR RACE 7. MAS	PRIED T NEVER MADRIED T	8. DATE OF B				IF UNDER 1 YE	AR IF UNDER 24 HR
77 79			1 11	lan et		last birthday)	Months Days	
Female		- 02	1,/5/	76		82 yrs		
during most of we	ON (Give kind of work done 10b arking life, wen if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (State	or foreign co	unitry)	12. CITIZEN	OF WHAT COUNT
Hause	wife	Home		Ma	ryland	3	Ţ	J.S.A.
13. FATHER'S NAME			14. MOTH	R'S MAIDEN N	IAME			
Henr	y C. Warnick			Marv	Jane I	Paul		
IS WAS DECEASED EV	ER IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	1101	O CALC 2	Addr	ess	
(Yes, non-or unknown)	(IT yes, give war or dates of service)	Vone_						
1			Pt.	's Char	<u> </u>			
	EATH [Enter only one cause per l	ine for (a), (b), and (c)		- 7		,		ITERVAL BETWEEN
PAKI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	llr	uni	A.	a-est	muer	1-	lodes?
4	DUE TO			1		1.7		
Conditions, if	any, which) (b)	a	12/2/12	Mid		leresa	1 DOM	Mar Hua
gave rise to	immediate [1					VI VI	VIII / NOS
couse (a), stating lying cause lost	a the Auder.	\/						
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED	TO THE TERM	LAS DICESCE	COLUMNITION		Tip Mild Auxori
PAM II. OT	INCK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BOT	NOT KELATED	TO THE TERMIN	NAL DISEASE	CONDITION GIVE	EN IN PAKE I(0)	19 WAS AUTOPSY PERFORMED?
<u> </u>								YES NO
OR CONTRIBUTION	G ET CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURRE	D (Enter natur	e of injury in P	art I ar Part	Il af item 18)		
	Y MEDICAL EXAMINER							
20c. TIME OF INJU		INJURY OCCURRED 20e Pt.	ACE OF INJUR	Y (Home, form,	20f. (City	or town)	(Count)	y) (State
Hour a m.	10	Not while	ctory, street, of	ffice bldg., etc.	1			
		4 5		10		0 17	7	
21. I certify t	hat I attended the decea	177	9 , 19 5	2.7. to	2	X, 1952.7	that I last:	saw the deceas
alive on	12	27, and that death	occurred	of 101/	M, from	the causes a	nd an the d	ote stated abo
0	MOD	1.		"	ADDRESS (Str	et, city or lown	itate)	DATE SIGN
SIGNATURE	in the	uknuso	MD / 10	aren	18 91	Franke	erlass	1 Md 1.7.
		1	1-0-		and the second second			4-1-4-M-A
PHYSICIAN'S NAME (Type)		//	{					
220. BURIAL, CREMAT	ON. 226. DATE THEREOF	120- MANE OF CENTERRY O		<i></i>	001.10041	A		*************
I SEMOVAL (Specifi	2/41/59	22c. NAME OF CEMETERY O	R CREMATORY	PD	// LOCATI	ON (City, town, or	county	(Slate)
During	7/1/5/	Sunsey 11		17	Jus	mearl	and	1770
25. FUNERAL DIRECTO	ES SIGNATURE	ADDRESS	ma	246. REC'E		AR 245. REGIST	TRAR'S SIGNATI	URE
of amo,	such the	(umb)	11/02.	DATEEB	5 '59	a.y	hus & there	m A



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u.	1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1365

CERTIFICATE OF DEATH

- (1	3	7	4
	-			-

)	1. PLACE OF DEATH COUNTY ALLEGA	NY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE WEST VIRGINIA b. COUNTY				
	b. CITY OR TOWN (If autside RURAL and give negrest to	carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town)				
	CUMBERLAND		24 DAYS	PAW PA	AW 8	5 x 3		
Silver de	d NAME OF HOSPITAL INFO OR INSTITUTION MEM MEMORIAL &	idrya'e' fiospi Warwick av	TATE") ENUES.	d STREET ADDRESS			IS RESIDENCE ON A FARAT? YES NO	
i	3 NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month Doy	Yeor	
	(Type or print)	MICHAEL	Т.	KIDWELL		EBRUARY	27. 19 59.	
	5. SEX 6. CO	TOR OR RACE 7. MARK	TIED 🗌 NEVER MARRIED 💢	B. DATE OF BIRTH	9. AGE (In last birth			
	MALE WH	ITE WIDOW	ED DIVORCED	MAY 8, 1956	2	doy) Manths Days	Hours Min	
	100 USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	KIND OF BUSINESS OR IND	JSTRY 11 BIRTHPLACE (State	e or fareign country)	12 CITIZEN OF	WHAT COUNTRY?	
	The state of the s	e con in remost		CUMBERLA	ND, MD.	U.	S. A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	MARSHALL KID	WELL JR.		FRANCES I	HERRELL			
	15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	Tres. no di unimara) (il pes, gi	al was or adver or resucció		MEMORIAL HOSE	PITAL) - CHMB	ERLAND. MD.		
	04,0	CAUSED BY: DUE TO	he for at (b), and (c)	uic Her	ukonu	INTE	RVAL BETWEEN	
7	Canditions, if only whi gove rise to immedia cause (a), stating the und lying couse last. PART II OTHER SIGN	DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	LINAL DISEASE CONDITIO	IN GIVEN IN PART 1(0) 19	PERFORMED?	
	\$ m. 1551051/2 Was Inter	TO THE DEC	FRIDE NOW IN THIS OF COURSE	****	D D		YES NO	
	OR CONTRIBUTING CAL	ISE OF DEATH	CRIBE HOW INJURY OCCURR	EU. (Enter noture of injury in	For I or Port II or Item II	5)		
	20c. TIME OF INJURY Man	While		IACE OF INJURY (Home, farr actory, street, affice bldg., et		(Caunty)	(State)	
/	21. I certify that I a ofive on	456	and that deat	19.57, 10 h accurred dt. 9:15/	A.M. fram the cause ADDRESS (Street, city or Callellan	ses and on the date	w the deceased e stoted above. DATE SIGNED 2 2 1 1 7	
	BUKIAL	DATE THEREOF	WOODROW	OF CREMATORY OH. CEM.	PAW F	PAW, b	V. VA,	
	23. FUNERAL DIRECTOR'S SIGNA							



	F	0	R	Si	D	.71	E
ŀ	ŧΕ	A	LT	H,	D	EF	T.
tested 'A broose	4 tor. Page	ur files.	of Health,		¥ i)
IMINER: Inis certifully and all and an areculad within 24 miles offer decin. If day delay is madeliny, produce	and 3 to the funerol of	the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained if Jur files.	1 permit. File pages 1 and 2 with the State Bo	2 hours after death			
rain 24 nillight office? Of	8. Give Pages 1, 2.	with form PM3. Pog	nit. File pages 1 an	n any event within 7.			1
	in pencil in Item, I	iner's Office along	o burial-troasit pera	i, or remaval, and i			
RATE THIS CHARTEL BEST OF SILVE	the ward "pending"	Chief Medical Exam	age 3 shauld be used as a burial-transit	priar to burial, crematian, or remaval, and in any event within 72 hours after death			3
MIL	uffing.	the	950	pria			

MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMOR	E, 18
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATI	4

01	3	7	5
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			2.0		3 661(1	ITTOATE OF	DU/4111	Reg. Dist	ı. No.
PLACE OF DEATH					2. USUAL I	ESIDENCE (Where deceo	ed lived. If institut.	on Residen	ce before admission)
٥	COUNTY	Allegany	7	MARYLAN	o. STATE	Maryland	b. COUNTY	A11	egany
Ь	b. CITY OR TOWN (1 outside corporate limits write RURAL C. LENGTH OF STAY IN 1b				E CITY	OR TOWN (If outs'de cor	parole limits, write li	URAL and	give nearest town)
	Cumber					Cumberlan	d,		
d	, NAME OF HOSPI	TAL OR INSTITUTION (f not in hos	pital, give street address)	d. STREE	T ADDRESS			e IS RE L'DE ICE ON A FARM?
	213 Pa	ca St.,			21	3 Paca St	• 7		YES NOX X
E	NAME OF DECEASED (Type or print)	GEORGE		STIAN KOT	SCHENR	EUTHER DEATH	Feb.		20, 19 59
5. \$	EX	1	7. MARRI	ED NEVER MARRIED	T .		formed by made of the last	7	YEAR IF UNDER 24 HRS
	Male	White	WIDOWE		March		70 yrı.	Months D	ays Hours Min.
10o d	USUAL OCCUPATE	ION (Give kind of work a ing life, even it retired)		(IND OF BUSINESS OR INDE	ISTRY 11. BIRTH	PLACE (State or fareign o	country)	12. CITIZI	EN OF WHAT COUNTRY?
R	estaura	nt Prop.	ке	staurant	Cu	mberland,	Md.	U	.S.A.
	FATHER'S NAME					'S MAIDEN NAME			
R		Kotschenre				therine S	eiss		
 15. [Yes,	WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	INFORMANT		Address		
	Yes,	W.W.#1		None M	r. Jose	ph P. Kot	schenreu	ther	LaVale, Mo
		ATH [Enter only one cou	se per line	for (o), (b), and (c) }					INTERVAL BETWEEN ONSET AND DEATH
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		coronary	occlus	ion			sudden
	420.1	DUE TO			7				
	Conditions, if any, which gove rise to immediate cause								
	(o), stating the underlying DUE TO								
	cause fast.) (c)							
ğ	PART II. OI			ONTRIBUTING TO DEATH BU				N IN PART	PERFORMED?
2	20 CYTEBALL CA			ensive card	20				NO KX
CETTIFICATION	PRIMARY OF OF CAUSE OF DEATH	ONTRIBUTING D	O DEZCKIR	E HOW INJURY OCCURRED	(Enter noture of	injury in Farl 1 or Fart 11	at item 18)		
WEDICAL	20c. TIME OF INJU		-		LACE OF INJURY	(Home, form, 20f, (City	or fown)	(Coun	ty) (Stote)
WE	Hour g. m. p. m.		While of wo	Not while					
	21. I certify t	hat I taak charge	of the	remains described at	oave, held o	n Autopsy 🔲, 🛚 I	nspection 🔀,	Inquiry	X, and in my
	apinion death	resulted fram: 1	Natural i	causes 🔯 Accident	, Suici	de 🔲, Homicide	, Undeter	mined m	anner 🔲
				11.					DATE SIGNED
	ACTUAL SIGNATURE	Desicalica	2/5	Tarolic'	M.D	MEDICAL EXAMINER	_		
	EXAMINER'S NAME (Type)	Benedict	Skita	erelic M.D.		TANT MEDICAL EXAMINERY	Febr	uary	20, 1959
270		ON, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, or	county)	(Slote)
В	REMOVAL (Specify	2/23/5	9	S.S.Peter	& Paul	s Cu	mberland	l, Ma	ryland
23.	FUNERAL DIRECTO		Cumb	ADDRESS		240 RECID BY REGIST	RAR 246 REGIST	RAR'S SIGN	NATURE
L	1. wayne	George	- umb	erland, Mar	y .anu	DATE			



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01376

e. IS RESIDENCE

ON A FARM?

YES NO

10

Hours

INTERVAL BETWEEN ONSET AND DEA

> PERFORMED? YES NOW

> > (State)

(State)

12 CITIZEN OF WHAT COUNTRY?

Days

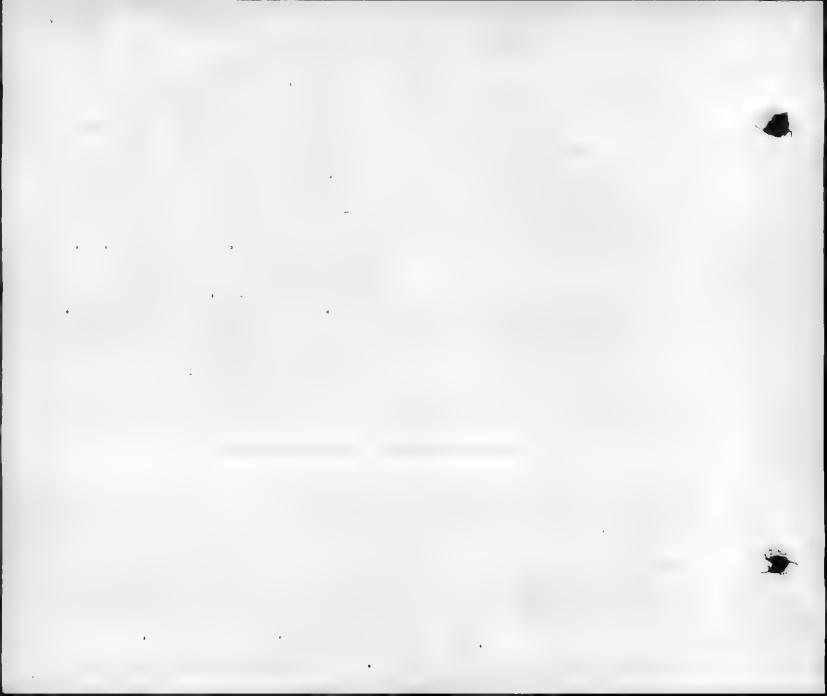
(County)

759

DATE

U.S. A.

-59



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
----------	-------	------------	------------	------------	----

1397 CERTIFICATE OF DEATH

)	1, PLACE OF DEATH O COUNTY			era deceased lived. If institution					
,	Allegany	MARYLAND	o. STATE Md. b. COUNTY Allegany						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Frostburg								
	d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE				
	66 Centennial St	•	66 Center	nnial St.	ON A FARM? YES NO				
	3 NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year				
	(Type or print) Emma	Elizabeth	Lancaster	OF DEATH 2	28 1,59				
	5. SEX 6 COLOR OR RACE 7 MARRI	EDE NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS				
1	Female White WIDOWE	DIVORCED [Mar. Ist. I	B95 last bichisoy) Gyrs.	Months Days Hours Min				
1	10g. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		wn home	Frostbur	g,Md.	U. S. A.				
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	···				
	William McKenzie		Marie La	wson					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. IYas. no. or unknown) If yes, give wor or dotes of services	OCIAL SECURITY NO. 17 IN	WFORMANT Frost	ourg. Md. Addre	15				
	to ber have or ourse at more?	Mr	James E.	Skidmore, 66	Centennial St				
	18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	CORONARY	Occ/40	5/0 4/	ONSET AND DEATH				
	X DUE TO - C - A								
	Conditions, if ony, which) (b) allerosclaratic (andiovoscular desease years-								
	gove rise to immediate couse (a), storing the under-								
	lying cause lost. (c)	Niabele	o melli	lus	glass -				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	LCAI LCAI				YES NO X				
	I ≈ FOR CONTRIBUTING ET CAUSE OF DEATH I	RIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	ort I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While		CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stole)				
	p. m. 19 of work								
	21. I certify that I attended the decease	d fram march	1954 10 1	el 28 1959	that I last saw the deceased				
	alive on 71 el - 15 195	9_, and that death	occurred of 10:42 A	M. from the couses on	d on the date stated above				
		\' \	A	DORESS (Street, city or lown, st	ole) DATE SIGNED				
	SIGNATURE TOTAL ON	tours,	4.D. 02	BROAdu	1AY, 3/3/59				
/	PHYSICIAN'S	5 1	~	. 4/					
	NAME (Type) DHY S.	JAVIS, M	DEF	ROST64R9	, Md				
	770. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City town, or	4				
	Burial 3-2-1959		emorial Pk.	Frostburg	Md.				
		ferreruneral	Home 24s. REC'D	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE				
	Lead It. Matt. L. Fr	ostburg, Md	DATE MAY	26 '59 Out	hur S. Kraus				



after death. Page



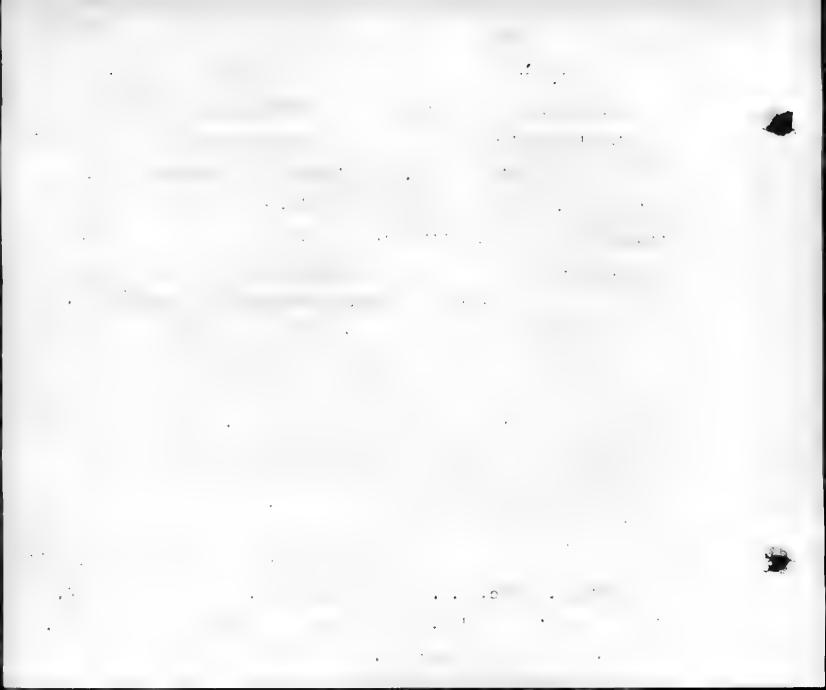
VS A1S (4) 1SM 9/SB

(M)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1398 CERTIFICATE OF DEATH

1. PLACE OF DEATH					tutian. Residence befare admission)
a, COUNTY	Allegany	MARYLAND	a. STATE Ma.	ryland b. COUN	Allegany
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate limits, write	e RURAL and give nearest town)
	Frostburg	6 Days	from From	stburg	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ner's Hospita	1.	67 (Grant Street	YES NO
3 NAME OF	First	Middle	Last	4. DATE N	Agnth Day Year
(Type ar print)	Annie	K.	Lindsay	DEATH Febru	ary 5th. 1959
5 SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		9 AGE (in year	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White WIDOW	ED DIVORCED	May 25th	.1884 last bigthday	Manths Days Hours Min
10g. USUAL OCCUPAT	ION (Give kind of work done 10b. irking life, even if retired)	KIND OF BUSINESS OR INC			12. CITIZEN OF WHAT COUNTRYS
Houseke	- ,	wn housewor	k Marvla	and	USA
13. FATHER'S NAME			14 MOTHER'S MAIDE		-
John 1	Lindsav		Annie	King	
15. WAS DECEASED BY	ER IN U S. ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT		ddress Box 22.
(Yes, no, or unknown,	(If yes, give war or dates of service)	None R	obert Lind	say,RFD 1,Fr	
18. CAUSE OF DE	ATH [Enter anly one cause per li		, .	-7	- INTERVAL BETWEEN
	ATH WAS CAUSED BY	Auto when	of or wa	and the second	ONSET AND DEATH
177.0	DUE TO			* * * *	
Canditians, if	any which)				
gave rise ta	immediate (
cause (a), stating lying cause last	The under-				
Z PART II O1		CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19 WAS AUTOPSY
	1, 12, 16-0015		diese. +.		PERFORMED?
	AS UNDERLYING [] 20b. DES			in Part I ar Part II of item 18)	
20g. ACCIDENT WOR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)		,		
3 20c. TIME OF INJU	RY Month, Day, Year 20d. I	NJURY OCCURRED 20e	PLACE OF INJURY (Hame, I	form. 20f (City or town)	(County) (State)
Haur a.m.	While	Nat while	factory, street, affice bldg.,	elc.)	(000,000)
		k at work	~ ~ */7		9
1 7	hat I attended the deceas				Zthat I last saw the deceased
alive an 1	: <u>C. Lin. 2</u> /		th accurred at #1.113		and on the date stated above
ACTUAL	Date	5.,		ADDRESS (Street, city or tax	wn, state) DATE SIGNED
SIGNATURE	70 . 13	the Care and	, M.D. 2 Broa	away	20/4/3
PHYSICIAN'S	Talana D. Danida		Den a c A h	,	24.2
	John B. Davie		Frostb		Md.
REMOVA. (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, faw	
23. FUNERAL DIRECTOR		Fibg.Memor		Frostbur	g Md .
			,		1 -
I acochii	R. Durst. Fr	ostburg. Md	DATE	1 0 1EQ 4 n	and a carta



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01380 1368 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) e COUNTY o. STATE b. COUNTY MARYLAND PENNSYLVANIA ALLEGANY b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! P2 5 SALISBURY CUMBERLAND 22 DAYS offer d. NAME OF HOSPITAL (If not in hospital, give street poddress)
OR INSTITUTION MEMORIAL HOSPITAL
WARWICK & MEMORIAL AVENUES d. STREET ADDRESS e IS RESIDENCE YES NO 9 3. NAME OF First Middle Lest 4. DATE Month Year ņ DECEASED ÖF DEATH (Type or print) Pages ERNEST LIVENGOOD **FEBRUARY** 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED TX NEVER MARRIED T B. DATE OF BIRTH 9, AGE (In years completely lost birthday) MALE Months Days Hours Min. WHITE WIDOWED [7] DIVORCED [7] SEPT YES. popers 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY death during most of working life/even if retired PENNSYLVANIA U.S.A. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB D LIVENGOOD ELIZABETH BEACHY IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address HOSPITA CUMBERLAND MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4-de dest DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT/WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuly in Part 1 or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy 20d. INJURY OCCURRED (County) (Stote) Hour o. m factory, street, office bldg., etc.) While Not while of work Of work 21. I certify that I attended the deceased from, 1954 that I last saw the deceased oched and that death occurred at 1.3:309M, from the causes and an the date stated above. alive on ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL OIR Id b should PHYSICIAN'S HOWARD NAME (Type) L. TOLSON FUNER 220. BURIAL CREMATION, 226 DATE THEREOF 22d_LOCATION (City, town, or county) 22c_NAME OF CEMETERY OR CREMATORY (Stote) pode REMOVAL (Specify) 01 O 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE VS A15 (4) Chilma " Though 15M 10/57



FOR STATE DEP1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in item, 18. Give Pages 1, 2, and 3 to the funeral 1, 1 for. Page 4 should be if and executed be refained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to files.

TO FUNERAL DAX STOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo 1 of Health, at its designated agent, prior to burial, cremation, at removal, and in any exerticity. A hours after death. :13

0

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01381

	1, [COUNTY	llegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residual Pland b. COUNTY Al	ience before odmission) legany			
	Ь	————— — ————	outs de corporate limits, write RUTAL	c LENGTH OF STAY IN 16	c. C TY OR TOWN (f outside corporate limits, write RURAL or perland				
	d	NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS . IS RESID NOT					
4	M	lemorial H	lospital		638	Fayette Street	YES NO			
		NAME OF DECEASED (Type or print)	Harold	Middle MC	Atec .	4. DATE Month of DEATH Feb. 17	Doy Year 19 59			
	5. 5	έx	6 COLOR OF RACE 7. MA	ARRIED X NEVER MARRIED 0 8	DATE OF BIRTH	9 AGE 10 years IFUNDE	R TYEAR IF UNDER 24 HPS			
		lale			ov. 8, 1906	/	Doys Hours Min			
	10e	. USUAL OCCUPATION In the property of working Mgr. Rep.	N (Give kind of work done 1) life, even if refired) & Main •	ь кіnd of Business of Industi Kelly-Springfie	11 BIRTHPLACE (Stote	or foreign country) 12 CII	SA			
1	13.	FATHER'S NAME		Tire Co.	14 MOTHER'S MAIDEN I	NAME				
	E	Sinton McA	tee		Mary Ha	arlow				
/	J¥02.		R IN U. S. ARMED FORCES? (If yes, give wor or dates at service)		rs. Elizabe	eth McAtee _	ayette Street			
7	MEDICAL CERTIFICATION	PART I DEATI 420 Conditions, if on gove rise to immed (o), storing the u cause lost. PART II, OTHI 200. EXTERNAL CAUPTIMARY II or CON CAUSE OP DEATH. 20c TIME OF INJUR Hour a.m. p. m.	y, which ote cause nderlying DUE TO (c) ER SIGNIFICANT CONDITION SE WAS TRIBUTING 1 20b. DESC	Coronary C Coronary S S CONTRIBUTING TO DEATH BUT N CRIBE HOW INJURY OCCURRED [Ed. Od INJURY OCCURRED 200 PLACE	OT RELATED TO THE TERM of nature of injury in Por E OF INJURY (Home forry, street, office bidg., etc.	that disease condition given in Part t or Part II of Idem 18.) m. (20f (City or Iown) (Co	YEST NO (State)			
2	73 23	ap'nion death i	esulted fram: Nature enedict Ski 22b Date Thereof 2/20/59 S SIGNATURE	tarelic, M.D. [72c. NAME OF CEMETERY OR ADDRESS	Suicide , M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEFUTY MEDICAL CREMATORY CREMET ORY	Hamicide . Undetermined XAMINER	DATE SIGNED 1959 (5'rate) LS GNATURE			
	4	John J. Ha	afer, Cumberl	and, Maryland	DATE	EB 1 9 '59	Fr. u.A.			



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VS A15 (4) 15M 10/57

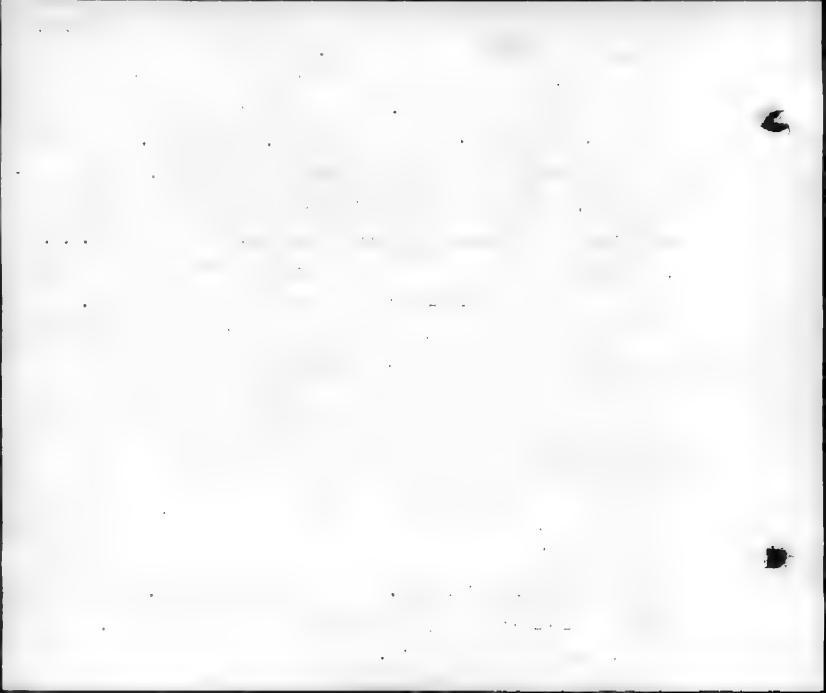
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01382

			14	07	CERT	IFICA	TE OF L	EATH	1		Reg. Dis		TO	
		PLACE OF DEATH					2 USUAL RESI	DENCE (Wh	ere deceased live	d If institution	n- Residen	ce before	odmiss o	on)
ı	_	J	llegany		MAI	RYLAND	Me	ryle	ınd	U. COUNTS	Alle	egar	ľ	
	ŀ	b. CITY OR TOWN (If RURAL and give nec	outside corporate fimi	ts, write	c. LENGTH OF STA	Y IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		ural Litt	tle Orles		75 Yr	9	\times Rural	Lit	tle Or	leans	Md.			
	(d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	jive street	address)		d. STREET A	DDRESS				e.	. IS RESID	DENCE FARM?
			Home				Litt]	le Or	leans	Md.			YES 🗌	
	3, 1	NAME OF DECEASED	Fic	rst	Midd	le	Los	1	4. DATE OF	Mon	th	Day	Ye	POF
		(Type or print)	La	avan	nah		McDons	ald	DEATH	5		基	19	9 59
	5 S	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARI	RIED 🔲	DATE OF BIRT	Н	9 A	GE (in years	IF UNDER			
ı		F	W	WIDOW	ED DIVORC	ED 🔲 (5.3.18	73	8	st birthday)	Months	Boys	Hours	Min
	10a	. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign countr	7)	12 CIT	ZEN OF	WHAT C	OUNTRY?
		Housey		,	House	wife	Per	nna.			U	.S.A	1.	
-	₹3.	FATHER'S NAME					14 MOTHER'S		IAME					
1		Harry	Clinger	man			100	ionat N	ot Kno	מוא				
	15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY N	O 17. IN	FORMANT	MEDE O 11	00 1010	Addr	ess			
1	[Yes	NO or unknown) (II	yes, give wor or dates of s	ervice)	None	Ber	etie I.	McDo	nald L	ittle	Orl	aans	bM s	
ŀ			H Enter only one co	use per li	ne for (o), (b), and (c			111020					VAL BET	
ı		PART I. DEAT	H WAS CAUSED BY:	1. 6	2100	0							T AND [
1		450,0	IMMEDIATE CAUSE (o		201 000							-		
1		,	DUE TO	- 9	2 0.	1	12:		nosis			12	ila	~
1		Conditions, if on gove rise to im	madiota	مرجو	nerolize	et a	ren .	recy	rous			19		
1		couse (o), stoling th		10	. 1:	12	1 0					1.	-81	w~
1	z I	lying couse lost.	R SIGNIFICANT CON	7/1045	CONTR BUTING TO D	The same						LC		
ł	CATION	1 -4-	K SIGNIFICANI CON	2 /	LONIK BUTING TO U	EATH BUIL	NOI KELATED TO	THETERMI	NAL DISEASE CO	NDITION GIV	EN IN PARI		PERFOR	MED?
1		Island	mus (10	carry								YES 🗌	NO A
	CERTIF	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING LI I CAUSE OF DEATH MEDICAL EXAMINER	206. DES	CRIBE HOW INJURY	OCCURRED	(Enter noture o	finjury in E	ort I or Port II o	item (B)				
١	3	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY I	Home, form	20f. (City or t	own)	(0	ounty}		(Stole)
ı	WEDICAL	Hour o.m.	19	While of wor	Not while	foci	ory, street, office	bldg., etc.)		·			
	- 1	21. I certify the	t I attached to			. 37	10 - 2	A- T	in. 12	1650	.9		41	
		alive an Jan		ueceas	_	an in the first of the same of	, 19 <u></u> _							
1		duve qui	00 6	, 12_	and the	r deain	accurred at		PM, fram th	e causes a	nd an th	ne date	: stated	d abave. TE SIGNED
1		ACTUAL F	113.Th	me	o TI ///.	19	7.03			*	1	, ,	O /	IE SIGNED
1		SIGNATURE	MP III	011-	7	^	1.D	TI t C	n	Lunc	igkt.	FA.	21-	alkada).
		NAME (Type)	rank B	The:	as III	M	W 101 00 00 00 00 00							
f	220.	BURIAL, CREMATION	, 226. DATE THEREC	F	22c. NAME OF CE	AETERY OR	CEBNILEORY		22d. LOCATION	(City, town, o	r county)		(State)	
		REMOVAL (Specify)	2.7.50	3	Martins	Meti	107104		Tittle	Onla	ene	1710		v Md
1	23. 1	FUNERAL DIRECTOR'S			ADDRESS	THE D	TONI SU	24a. REC'I	BY REGISTRAR	24b REGIS	TRAR'S SIG			A MICO
	J.	Louis	I & M.	. 0	Home	0	mol	DATE		CLA	must di.	/ Change		
ŀ	4			W.K.	145-62									





ADDRESS

Cumberland, L.

TOMOT TO HAND REC'D BY REGISTRAR

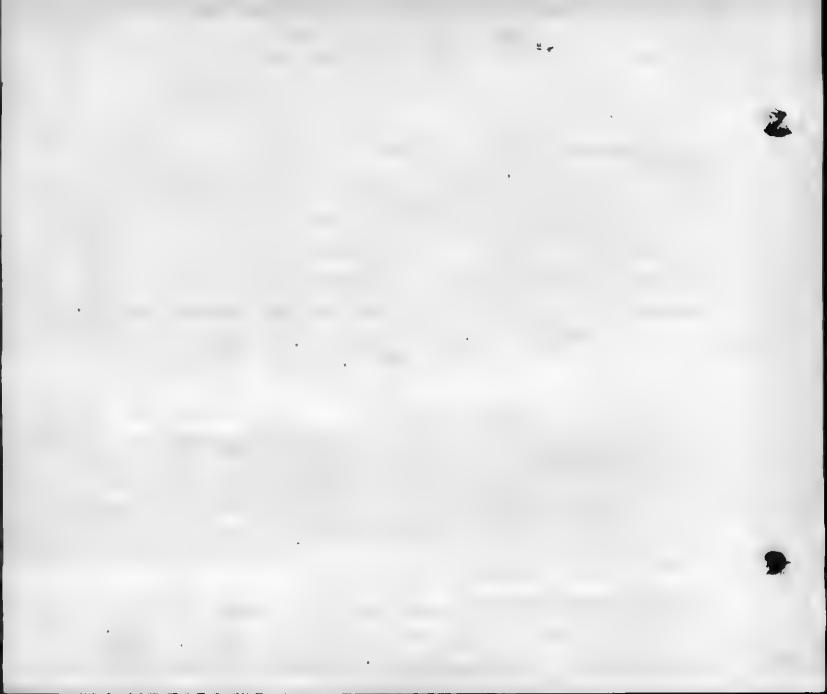
DATE MAR 2

24b. REGISTRAR'S SIGNATURE

C hung S. thous

VS A1S (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kignt



VS A15 (4) 15M 9/55 i

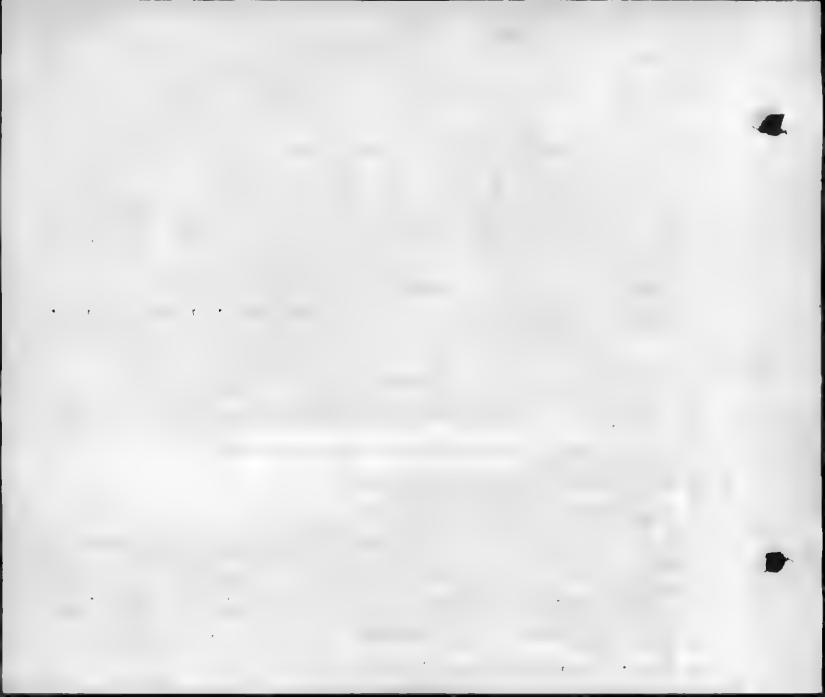
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1270

1	TOTO CERT						TCATE OF DEATH						Reg. Dist. No.		
	1, Pi o.	COUNTY All	egany		MARYL	- 11	o. STATE	ence (who		f lived. If ins b. COU			ganj		ion)
	Ь.	CITY OR TOWN (If or RURAL and give nepre	utside carporate limi est tawn) IMDETLAND	ls, wrile	c. LENGTH OF STAY IN	1 1b				rote timits, wr iberlan	_	AL ond	give nec	irëst town)
	d	OR INSTITUTION	(if not in hospital, g lvan Retr		oddress)		d STREET A		Road						DENCE FARM? NO [2]
	D	AME OF ECEASED ype ar print)	Fir Jac	ob	Middle Adam		Naze]		4. DATE OF DEATH	F	Month	ıary	Da {		reor 19 59
	5. SE	Male 6	. color or RACE White	7. MARRI WIDOWE	IED NEVER MARRIED DIVORCED		DATE OF BIRTH	6/84		9. AGE (In you lost birthd	oy) N	UNDER fonths	Days	Hours	R 24 HRS Min
	10o.	usual occupation during most of working Carpenter	(Give kind of work of life, even if retired)	dane 10b S	KIND OF BUSINESS OR elf Employ			t Vire		ountry]			I.S.		COUNTRY
	13. F	John Nazel	rod				14. MOTHER'S MAIDEN NAME Catherine Cleaver								
	15. V (Yes,		N U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	bert N	azelr	od, R	t. 3,	Address Cum		lan	d, M	ld.
		PART I. DEATH	Enter only one co WAS CAUSED BY: AMEDIATE CAUSE (a	11	e for (o), (b), apo (c).)	cnl	14 S	cles	1210				INTE	RYAL BE	TWEEN DEATH
		Conditions, If any, gave rise to imm		4.	25. 72.	161	arkia	ik a	ELAE	ellera	Fu	<u>-</u>		?	
		couse (a), stating the lying couse last.	under- DUE TO	1-4.	50 Terri	rak	RI	teru	to col	Geros	ia	,		?	
3	CERTIFICATION	ప	80451	m	CONTRIBUTING TO DEAT	· Lo	000					I IN PAR	1 1(0) 1	PERFO YES [AUTOPSY RMED? NO
	l ", [200 ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME			CRIBE HOW/INJURY/OC						.)				
	MEDICAL	Hour C. #1.	Month, Day, Yes	White ot wark	Not while	foctor	OF INJURY () y, street, affice	lame, farm, bldg., etc.	20f. (City	ar town)		(County)		(Stole)
		21. I certify that alive on	I attended the	decease , 12	ed from , and that c										
		ACTUAL SIGNATURE	MULO	3%	Zhau	M.[)			reet, city or to			-		TE SIGNE
			ames E. Mo		м.D.		49 Gr	eene '	Street	, Cur	ber	land	l, M	i.	
	220.	BURIAL CREMATION, REMOVAL (Specify) BURIAL	2/11/59		Milam Ce					ION (City, to			gin	(State	e)
	23. F	UNERAL DIRECTOR'S S	HGNATURE		ADDRESS				BY REGIST	RAR 24b. F	REGISTR	AR'S SI	GNATU	E	
	John J. Hafer, Cumberland, Maryla							DATEEB	1 6 '59	-	warmed	7 2	House		



FOR STATE HEALTH DEPT.

tory, please for. Page for files of Health,

TO DEPUTY MIDICAL EXAMINER: This mentificate thould be executed within 184 hour after death. If any delay is ne execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be far and a to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if TO FUNERAL DEXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8ct or its designated agent, prior to burial, cremation, ar removal, and in apprevent within 72 hours after death.

1 :

VS A15ME SM 2/57

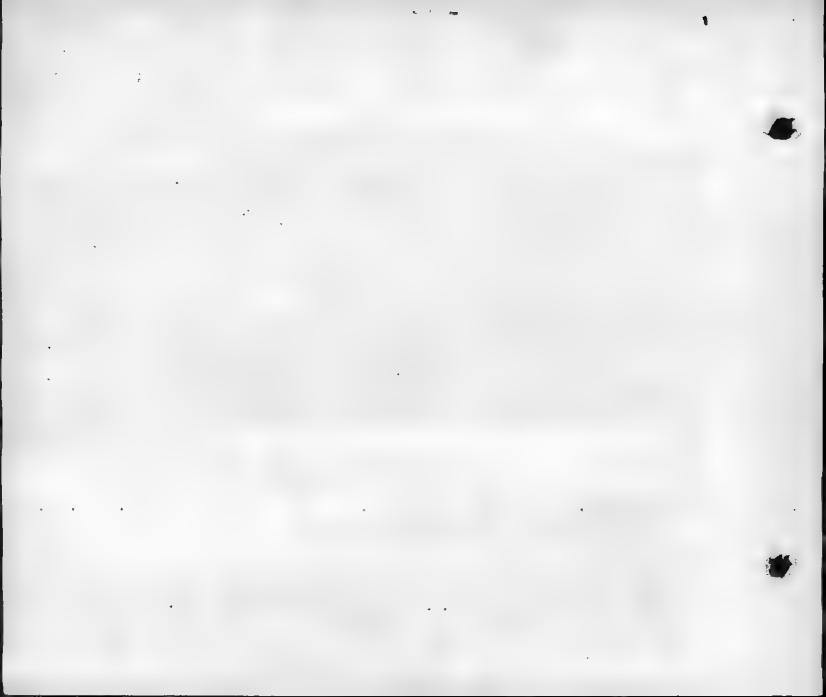
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CERTIFICATE OF DEATH

		1371	DICA	r evwiamaek	3 CERTIFIC	ATE OF DE	4117	Reg. Dist. N	o.
1,	PLACE OF DEATH				2 USUAL RESIDEN	ICE (Where deceased lived	l. If institution	n. Residence b	efare admission)
_	e COUNTY	Allegany		MARYLANI	o STATE ME	aryland	P COUNTY	Alle	gany
	ond give negrest fown	aulside corporate limits, wri	m RUPAL	c LENGTH OF STAY IN 16	c CITY OR TOY	VN (If outside corporale I	mils, write RU	RAL and give	nearest lawn)
	Cumberl			8 days	0 Cumbe	erland,			
Г	NAME OF HOSPIT	AL OR INSTITUTION	If not in hos	ortal, give street address)	d STREET ADDR	TESS			e. IS RESIDENCE ON A FARM?
	Sacred	i Heart H	osp.		218 S.	. Smallwoo	d_St.,		YES NO
	NAME OF DECEASED	Fi	'sP	Middle	Losi	4. DATE OF	Month	Day	Yeor
	(Type or print)	Anna	1	lav	Nesbitt		eb.	16	19 59
5.	SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGI	ah a a		R IF UNDER 24 HRS
	emale	White	WIDOWED		June 20.	1897 6		lonths Days	Hours Min
100	USUAL OCCUPAT.C	ON (Give kind of work in tite, even if retired)	dane 10b K	IND OF BUS NESS OR INDU	STRY TH BIRTHPLACE	(State or foreign country)		12 CITIZEN C	DE WHAT COUNTRY
	Cook			staurant		nas, Penna	•	U.	S.A.
13	FATHER'S NAME				14. MOTHER'S MAI				
1	Jes	se Diehl			Ε.	lizabeth R	iley		
	s. ne. or unknown) 1	ER IN U. S. ARMED FO	servicel		INFORMANT		Address C 1	umberl	and, Md.
Ĺ	No.		2 1	2-18-1463MI	s. Ethel	Hamilton	218 S.	,Small	wood St.
	18. CAUSE OF DEA	TH (Enter only one co	use per line l	or (a), (b), and (c),]				INT	ERVAL BETWEEN SET AND DEATH
	PART I, DEAT	TH WAS CAUSED BY:	1	Pulmonary	Embolism				udden
	*)	X DUE TO	`						
	Conditions, if o	ny, which) (b	,]	Fracture of A	cetabulum,	right		8	days
	gave rise to immed (a), stating the	diole couse							
	couse lost.		D;	islocation of	hip, right			8	days
z	PART II, OTI	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CONE	ITION GIVEN	IN PART 1(0)	
KEK									YES NO
CERTIFICATION	20g. EXTERNAL CAL	JSE WAS 2	Db. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury	in Part I or Part II of Item	16)		X
CER	200. EXTERNAL CAL PRIMARY () or COI CAUSE OF DEATH.	NIKIBUTING []	1	Automobile Ac	cident (mt	# 56 Near P	lesesnt.	wille	Pa)
3	20c. TIME OF INJUI	RY Month, Day, Ye	or 20d I	NJJRY OCCURRED 20e pi	ACE OF INJURY (Home	i, form, i 20f (City or fow	n)	(County)	(State)
MEDICAL	9:30 p.m.	Feb. 8 19	59 of wa	(40) Mille	ctory, street, office bidg Highway	Nr.Plea	santvi	ille B	Bedford Penna
				emains described ab					
	1			auses , Accident					
			01	,					_
	ACTUAL SIGNATURE	enedist	- Xk.	tarelie)	M D CHIEF MEDIC	CAL EXAMINER			DATE SIGNED
ı						MEDICAL EXAMINER			
	EXAMINER'S NAME (Type) BOT	nedict Skit	areli	e. M.D.	DEPUTY MED	ICAL EXAMINERS	Teb. 16	7959	
22	BURIAL, CREMATIC	N. 226. DATE THERE	F 3	22c NAME OF CEMETERY C		22d. LOCATION (C			(Stote)
	REMOVAL (Specify) Burial	2/19/5	9	Zion Memor	cial Cem.	Cumbe	rland	. Mary	land
23	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24a	REC'D BY REGISTRAR			
	H. Wayne	e George	Cumb	erland, Md.		FFR 1 8 '59		· 2 0 40	10114



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Regidence before admission) · COUNTY **b** COUNTY MARYLAND c. LENGTH OF, STAY IN 15 autside corporate limits, write RURAL and give nearest Jown) OR INSTITUTION IS RESIT AT F ON A FARM? YES NO 17 3. NAME OF Month Year DECEASED OF DEATH (Type or print) Frank Nichols 19 59 Feb. 9. AGE ith years 6 COLOR OR BASE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER TYPAR 15 UNDER 24 HSS Manlhi Days Hours WIDOWED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 Suring most of working Lie, every in retires) 12 CITIZEN OF WHAT COUNTRY? age and 721 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 8. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL RETWEEN ONSET AND DEAT I PART I, DEATH WAS CAUSED BY Hemopneumothorax, left 30 Min. IMMEDIATE CAUSE (o) DUE TO Crushed chest, left Conditions, if any, which 30 Min. gave rise to immediate cause **PUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18) PRIMARY TO OF CONTRIBUTING TO Automobile Accident 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f, (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) 1950 of work at work of Near Rawlings Md Alleg Md 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from: Natural causes . Accident K., Suicide ., Homicide ., Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION ICHY (State) **FUNERAL DIRECTOR'S SIGNA** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) I5M 10/57

ARYLAND STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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1373 CERTIFICATE OF DEATH

01388

									wall bear	110.	
D PLACE OF DEATH			MARY	LAND	2. USUAL RES			lived. If institution b. COUNTY			ssron)
AJJEGANY	15 . A . B . A . B . C	4-				4.10.6	RYLAND		- Ballaghalan S	EGANY	
RURAL and give n	If outside corporate fimil earest town)	s, write	c LENGTH OF STAY	- 1		TOWN (IF o	utside corpora	ite limits, write Ri	JRAL and giv	e nearest for	vn)
CINIBERIA.			25 DAYS	5	02	CU	MBERLAN	/ID			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					SIDENCE
	ED HEART HO	SPIT	AT.		1	112	N_ SMAI	LILIOOD S	η		A FARM?
3. NAME OF	Fire		Middle			251	4. DATE	Moni	<u> </u>	0-	Yeor
(Type or print)				1			OF DEATH		45	Doy	
S SEX	ADA	7	Blanc		PATE OF BIR	-		L'TB	IC LINIDER 13	4540 15 (1)	19 59
			PIED NEVER MARRIE	** 1				. AGE (In years last birthday)	Months D	DYS Hours	
FEMALE	WHENTER	WIDOWE	Page-mé , a		1:4810011		885	73 m			
10a, USUAL OCCUPATION during most of wor	ON (Give kind of work o king life, even if retired)	lone 10b	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHE	PLACE (State	or foreign cou	ntry]	12 CITIZI	EN OF WHA	T COUNTRY
HOUSE			Own home		Haz	en, M	ld.		U.	S. A	
13. FATHER'S NAME					14. MOTHER						
CLARRE	CE CLITES (שותר	Cape		На	nnah	Welsh		(1373	المناه والمنا	1
15 WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 14	SOCIAL SECURITY NO	17. IN	FORMANT	21.31.01.31		Addr		CHASE	11
[Yes, no or unknown]	(If yes, give war or dates of se				Geor	по С	Dark		ullen	Hwv	Cumb
No,					GCOI	ge c.	Larv	er mem	urren	ши.	Cumb
	ATH Enter only one co									INTERVAL E	
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acu	te/ventrico	ular	failur	е				Insta	
420.1	DUE TO										
Conditions, if a	ny, which)	Mvo	cardial fil	oros	is with	decom	nenset	ion		L wee	lre
gove rise to i	mmediate (DUTTO				-10 11 11 022	4000	PC1DEV.	1011		4 1100	ro
cause (a), stating lying cause lost,	rne under-	Com			.7	- 3-0	M	. 7	, ,	,	
	7 (c) HER SIGNIFICANT CON	OOL	onary arte	CLOS	Lerosi	s, Lei	t vent	ricular	phyeri	rophy	7
PART OF										(o) 19 WAS PERF	ORMED?
J Uremia a	nd attack o	f ac	ute left vo	entri	cular	failur	e, 1 w	eek ago.		YES [Т по 🗀
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	COURRED	(Enter nature	of injury in P	Part I or Part t	t of item 18)			
20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form,	20f. [City o	r fown)	(Co.	inty)	(Stote)
Hour a.m.	19	While	Not while	fact	ory, street, affi	ce bldg., etc.)			**	
			k of work	-	رضي		j 1				
21. I certify th	nat I attended the	decease	ed from Jan 9)	19_5	7, toF	eb. 4,	, 19_59	,that I los	st saw the	deceased
alive on Feb	ruary 3,	12_	52, and that	death	occurred of	8:40/	M, from	the couses o	nd on the	date sta	ted above
	21	/	,					et, city or town, s			ATE SIGNED
ACTUAL	Kumens	the	ntm	A	.в. 50	Persh	ina S	t	2	/5/59)
							land,				
PHYSICIAN'S NAME (Type)	Samuel Jacol	nean	ND						Less Force	3.5.0	
22a. BUR AL, CREMATIC				TEOV CO		-rersi	11115 21	Cumh	arrand		
REMOVAL (Specify)			22c NAME OF CEME					ON (City, town, o		(510	
Burlal	2/7/59		Sunset	Mem	orial	-		erland			l
23. FUNERAL DIRECTOR	S SIGNATURE L. George		umberland	М	d		BY REGISTRA		TRAR'S SIGN		
Onal 163	n. acorde		umberrant	1 16	u.	DATE	EB 9 '5	59	warmer D.	14.100.	



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VS A15 (4)

1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1374 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY o STATE **5 COUNTY** MARYLAND ATTEGATIY LEGANY CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) 30 DAYS CIT I FRIAND d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION. ON A FARM? SACRED HEART HOSPITAL STREET YES NO NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) AMAMDA PERSCH DEATH 19 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 189C 9. AGE (In years B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 6 Q lost birthdoy) Months DIVORCED [FF ALE WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of work no life, even if retired) MARYLAND Cumberland मंताप्टरायमा USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CUARTES ROSEM ERKEE BIR ARALAYMAN DE FASED IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Elf yes, give wor or dates of service no none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which thi gove rise to immediate **DUE TO** couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🗔 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.] While Not while of work of work p. m. 21. I certify that Lattended the deceased fram 2 That I last saw the deceased alive an death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or DATE SIGNED ACTUAL SIGNATURE Jr. Greene St., Cumberland, Md. NAME (Type) Johnson. 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Greenmount Cemetery Burial Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

DATE FEB 1 1 '59

aring & Frank



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VS. A15ME 5M 2 57

		1375	-A	E EXAMINER S	CERTIFICA	TE OI	DEMIN	Reg. Dist No	o
1.	PLACE OF DEATH	1010			2 USUAL RESIDENCE	(Where decease	d lived. If institut	ion. Res dence be	fore admission)
7	e. COUNTY	Allegany		MARYLAND	o STATE Mary	land	b. COUNTY	Allega	ny
J	b. CITY OR TOWN (It ou and give nearest lawn)	taide corporate limits, write EUR	AL	c. LENGTH OF STAY IN 16	c CITY OR TOWN	(if outside carp	orate limits, write	RURAL and give r	negresi lawn)
		mberland		years	129	Maple	Street	Cumb	erland
	d. NAME OF HOSPITAL	OR INSTITUTION (IF no	I in hosp	oital, give street address)	d STREET ADDRESS				IS RES DENCE ON A FARM?
_	_129_Maple	Street		And the state of t	129 Maple		t		YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Af onth	Day	Year
	{Type ar print}	John		Hugh	Reuschel	DEATH	Feb.	.28	1959
5.	SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED B	DATE OF BIRTH		fort birthdays	Months Doys	Hours Min.
L	Male	111100	DOWED		une 12, 189		60 _{yrs}	Months Days	ridues min.
10	 USUAL OCCUPATION during most of working 	(Give kind af wark dane Life, even if retired)	10ь, к	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stol	te ar fareign co	untry)	12. CIT ZEN O	F WHAT COUNTR
	SSIf Empl			rpenter	Cumberlan	nd, Mar	yland		USA
13	. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME			
	John	Reuschel			Anna Hart	tung			
		IN U. S. ARMED FORCES			FORMANT		_	ole Stre	
	No			None Mr	s. Raymond	Snyder	Cumber	land, Ma	aryland
		Enter only one cause p	er line f	or (a), (b), and (c).]				INTE	RVAL BETWEEN ET AND DEATH
	PART I. DEATH	WAS CAUSED BY: IMEDIATE CAUSE (a)		Coronary (Occlusion				Sudden
	1.1	DUE TO							J.S. LO A.
	Conditions, if ony			Coronary	Sclerosis				70 pr 40 m
	gove rise to immedia (a), stating the un-								
	couse lost.	(c)				all in whether the			American de la constantina della constantina del
NO	PART II. OTHER	SIGNIFICANT CONDITION	ONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	COND TION GIVE	N IN PART 1(o)	
CATION									PERFORMED? YES NO TO
CERTIFIC	20g. EXTERNAL CAUSI PRIMARY or CONT CAUSE OF DEATH.	E WAS 20b. D	ESCRIBE	HOW INJURY OCCURRED (E	nter noture of injury in Pa	ort I or Part II o	of item 18.)		
			1						
MEDICAL	20c. TIME OF INJURY Hour o. m.	Manth, Day, Yeor	20d II While	Not while Tocto	CE OF INJURY (Home, fai try, street, affice bldg , et	rm, 20E, (City :	er town)	(County)	(State)
ME	p, m,	19	of we	rk at work					
ļ	21. I certify tho	t I taak charge af	the r	emains described aba	ve, held an Autap	sy 🔲, In	spectian 💢,	Inquiry X	, and in my
	opinian death re	esulted from: Nat	ural c	auses 🔼 Accident [, Suicide .	Hamicide	🔲, Undeter	mined mann	er 📋
	//	2 ,	-0	20 1					DATE MONED
	SIGNATURE 2	Ruedict	المك	etareles	_M.D CHIEF MEDICAL	EXAMINER [DATE SIGNED
	EXAMINER'S				ASSISTANT MEDI	CAL EXAMINER			
L	NAME (Type) Be	nedict Sk	ita	relic. M.D.	DEPUTY MEDICA	L EXAMINER	Feb.	_28, 1	959
١.	g. BURIAL, CREMATION REMOVAL (Specify) Burial	March 2, 1	i i	Trinity Luth			inberlan	r county)	(State)
23	FUNERAL DIRECTOR'S			ADDRESS	240 REG	C'D BY REGISTR	AR 246 REGIS	TRAR'S S GNATU	RE
	John J. Ha	afer, Cumbe	rla	nd, Maryland	DATE	AR 3 '59	Cit	huy 9 5	
					DAIL		- W	They winder	4



HEALTH DEPT.

for. Poge out fles. of Health, AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nearly writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral year to the Chief Medical Examiner's Office along with form PMS. Page-5 may be retained CIOR: Page 3 should be used as a burial-transit permit. File pages your 2 with the State Baggent, prior to burial, ar remardly and in any event with 72 hour after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01391 Rea Dist No.

							, n	man remembers while the	
	LACE OF DEATH				2 USUAL RESIDENCE (V	Vhere deceased live	d if institution	Residence before o	dmission)
'	Allega	ny		MARYLANG	o STATE Mary	land	b COUNTY	Allegany	
1	CITY OR TOWN HE	eutside carparate limits, write	KURAL	c. LENGTH OF STAY IN 18			limits, write RUS		
	Cumberl	_		30 yrs.	Cumb	erland			
			Fnet in hos	pital, give street address)	d STREET ADDRESS				RES DENCE
	Willia	ms Road_			209	Mary St	•		NO X
3	NAME OF DECEASED	Firs	r.	Middle	Lost	4. DATE	Month	Doy	Year
	Type or print)	Thor	na s	W	Rice	DEATH	Feb.	26	19 59
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH			INDER TYEAR IF U	
	Male	White	WIDOWED			12 4	6 yrs Mc	inths Days Hou	n Min.
10a	USUAL OCCUPATION	N (Give kind of work of	ione 105. K	IND OF BUSINESS OR INDU				2 CITIZEN OF WH	AT COUNTRY?
B	oilermak	er Inspec	tor	Railroad	Road St.	ation,	Md.	USA	
	FATHER'S NAME	V			14. MOTHER'S MAIDEN N		11100	3024	
	Maurice	W. Rice			Ethel Ve	ra Simo	son		
15.	WAS DECEASED EVE	R IN U.S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
37.01	no, er unknown)	If yet, give war or dates of t	HOTHICE)	7.7	rs, Maurico	W. Ric	e Cumb	erland.	Md -
-		H Enter only one cou	se per line l	and the same of th	Trois Micror Too		23,200	TINTERVALDE	
	PART I. DEAT	H WAS CAUSED BY:		Asphyxiati	OW			ONSET AND	DEATH
	4731	IMMEDIATE CAUSE (o)	B-1	Hebit Avraci	OII			10.	-15 Min
	Conditions, if on	DUE TO		Carbon Mor	oxide Poisc	mi ne		10	75 164 -
ŀ	gove rise to immed	tole couse		Gar Don Mor	ONI UG FOISC	uituB" —		10-	-15 Min
	(a), stating the u	The state of the s							
z		FR SIGNIFICANT CON	DITIONS CO	INTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CON	DITION GIVEN	IN PART HOUSE	V29CALLA 3
CERTIFICATION	THAT II, STA					THE BIJENGE E OFF	011011 011114	PER	FORMED?
55	20g. EXTERNAL CAU	SE WAS 20	h DESCRIBE	HOW INTERY OCCURRED	(Enter noture of injury in Port	L or Fort II of dee	. 10 3	YES	ио □ _
123	20a. EXTERNAL CAU PRIMARY ELOP CON CAUSE OF DEATH.	TRIBUTING	0.000				•		
15	20c. TIME OF INJUR	Y Month, Day, Yee	r Tana ii	PRINT OCCUPATION AND AND AND AND AND AND AND AND AND AN	ACE OF INJURY (Home, form	THURTRO	TON)	ANT A CO. A. N.	17.
MEDICA	Hour win		While	Not while fo	ctory, street, office bidg., etc.	}		(County)	(Stote)
ž	p m.			rk ol work S	uicide	Cumbe	rland,	Alleg.	Md.
					ove, held an Autops				
	opinion death	resulted from: N	datural c	guses 🔲 . Accident	, Suicide X, I	domicide [],	Undetermi	ned manner 📗]
		7 -	1 V	1'1-1				DAT	E SIGNED
	SIGNATURE	endeci	LIFE	etarelic	MD CHIEF MEDICAL EX	AMINER [PAI	E MOINED
	EXAMINER'S _				ASSISTANT MEDICA	AL EXAMINER			
	NAME (Type) B	enedict S	kita	relic, M.D.	DEPUTY MEDICAL I	EXAMINER TO	Feb.	27, 1959)
270		N, 276 DATE THEREO		22c NAME OF CEMETERY C		22d LOCATION			a m
	Burial	3-219	959_	Sunset Men	norial Park	Cumbe	rland,	⊥ld.	
22	FUNERAL DIRECTOR							A 100 A	-
43				ADDRESS		D BY REGISTRAR	246 REGISTRA	R'S SIGNATURE	
43			elli,	Cumberland			246 REGISTRA	R'S SIGNATURE	

TO DEPUTY MEDICAL 4 should be control of FUNERAL Dictional or its designated a VS. A15ME 5M 2 57

III

funeral director,

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CEDTIEICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

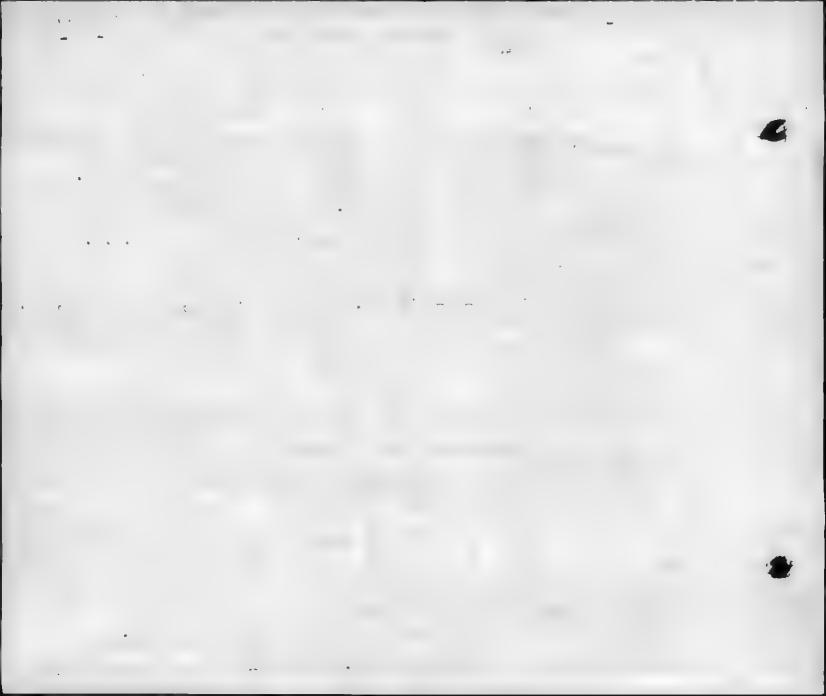
01392

	14Ui C	EKIIFICA	HE OF DEATH	1	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W			before admission)
Allegany		MARYLAND	" Marylan	iđ. bc	OUAllegar	ly
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENGTH (OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits.	write RURAL and giv	e nearest town)
Frostbur	g		× Lonaco	ning		
d. NAME OF HOSPITAL (If not in hospital, gr OR INSTITUTION	ive street oddress)		, d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Miners Hos	pital		Jackson	Street		YES NO
3. NAME OF Fin	st	Middle	Losi	4. DATE	Month	Day Year
(Type or print) JAME			RICHMOND	DEATH H		20th. 19 59
5. SEX 6. COLOR OR RACE	7. MARRIED T NEVE		B. DATE OF BIRTH	9 AGE (I	n years IF UNDER 1 ' thdoy) Manths D	
Male White	WIDOWED I	DIVORCED 🔲	Sept.8th 18	94 64	t yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work of dyring most of working life, even if retired))					EN OF WHAT COUNTRY?
Self Employed Gro	cery Busi	iness	Lonaton	ing	U. S	5.A.
13. FATHER'S NAME	_		14. MOTHER'S MAIDEN			
William Richm	iond		Hannah I	ynch		
IS WAS DECEASED EVER IN U. S. ARMED FOR Yes, no. or unknown) (If yes, give wer or dates of the			IFORMANT		Address	_
Yes World War #	1 220-10	-1774 M	rs. Estella	Richmon	d, Lonac	coning, MD.
18. CAUSE OF DEATH [Enter only one co	use per line for (o), (b),	and (c)]	("	(WIFE)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(OLOV	1-0-1	Occher.	4171		NOV -
4-20, DUE TO	0	- 1	1.			
Conditions, if ony, which) (b)	· Unge	ma -	Ser love	7		18 mil s.
gove rise to immediate DUE TO	W 2	(. r,			11-2 (1-4)
lying couse lost. (c	, leal,	12050	12:05()			9
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yee Hour a. m. p. m. 19	DITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?
ICAL						YES NO X
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UP (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	NJURY OCCURRED). (Enter noture of injury in	Port I or Part II of ilem	1B)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Yes	or 20d. INJURY OCCUP While Not whi	f	CE OF INJURY (Home, farm tory, street, office bldg., etc	1, 20f. (City or town)	(Co	unty) (Stole)
p. m 19	at wark at work					
21. I certify that I attended the	deceased from	luqu	19562, 10	120,20	19 Lithat I la	st saw the deceased
alive on 120 17	12 ar	nd that death	occurred at 8:30			date stated above.
· f)	11, "		\	ADDRESS (Street, city of		DATE SIGNED
SIGNATURE A X X X X X	1. Willy	time	M.D	1820		2.21.54
PHYSICIAN'S 1 FCLIF	D BALLE	GD Us.	P		1	
NAME (Type)	K. MILE	2 116	400r	Atelma.	1	181.
220. BURIAL, CREMATION, 22b. DATE THEREO		OF CEMETERY OF	CREMATORY	22d. LOCATION (City	, lovin, or county)	(Stole)
BURTAL" 2/20/19	959 Hill	lcrest	Cemetery	Cumberl	and, MD.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES	SS			Ib REGISTRAR'S SIGN	ATURE
GEORGE EICHHORN	LONAC	CONING.	MD. DATEER	25 59	Charling.	ail4

may be retained by the hospital or offending physician.

TO FUNERAL DI OR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 the registrar prior to burial, cremotian, or remaval, and in any event within 72 hours ofter death TO HOSPITAL OR VS A35 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4



VS A15 (4) 15M 10/57 PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

Dr.

Charles L. George

James

22b. DATE THEREOF

01393

IS RESIDENCE ON A FARM?

YES | NO K

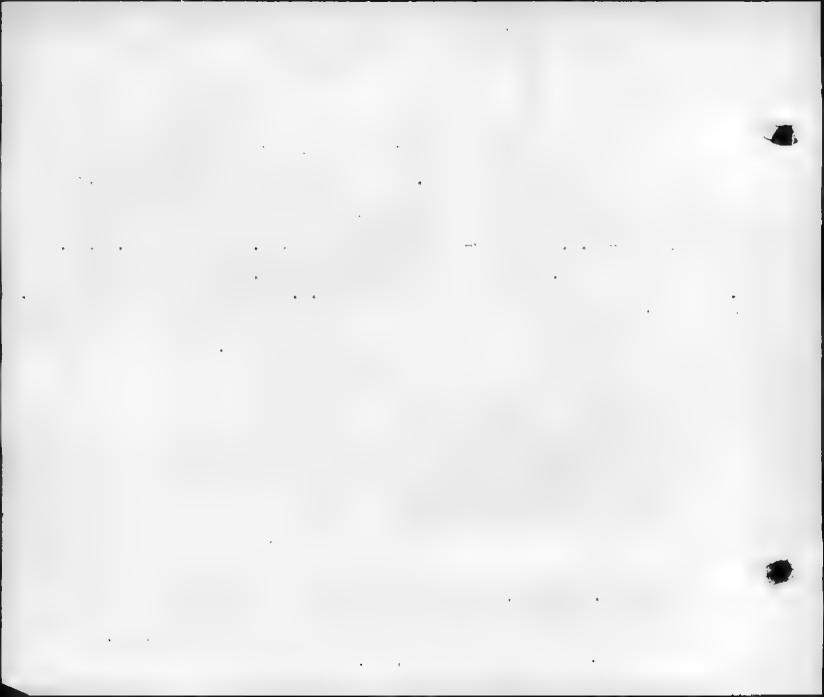
Year

19

Doys

59

KIND OF BUSINESS OR	INDUSTRY 11 BIRTHPL	ACE (State or for	eign country)		12 CITIZEN OF	WHAT COUNTRY
er Railro	pad Ridge	ely, W.	Virgi	nia	U.S	. A.
	14 MOTHER'S	MAIDEN NAME				
ly		mer I.				
SOCIAL SECURITY NO	17 INFORMANT P	.O.Box	599	Addres(umber.	land, Md.
216-22-627	5 Allegan	y Count	y Infi:	rmarj	Recor	rds
ine for (a), (b) and (c).]	Geral To	eun	urfa	<i>t</i> (Å	INTE	RVAL BETWEEN ET AND DEATH HRALL
Chro	10	muse	ardi	ti.	7	3/
	ilea	their	11-20	ler	106	?
CONTRIBLING TO DEAT	From I former	THE TERMINAL D	ISEASE CONDITI	ON GIVEN		WAS AUTOPSY PERFORMED? YES NO D
SCRIBE HOW INJURY OCC	- 1 - 1	Eminer in Port I	as Root II of James	10.1		TO HOLD
	CARED. JEINET HOIDIG O	inquity in room in	or con in or trem	10.j		
INJURY OCCURRED 2 Not white rk of work	De. PLACE OF INJURY (I factory, street, office	Home, form, 20f bldg., etc.)	. (City or lown)		(County)	(Stole)
sed fram 9/21/	57 19	, to 2/1	4/59	19tl	nat I last sa	w the deceased
and that d	leath accurred a	: 15P.M	from the co	uses and	on the date	a stated above
2501		ADDRE	\$\$ (Street, city o	r fown, stof	e)	DATE SIGNED
2/2/10	Anthe 49	Greene	Street	<u>t</u>	2/1	16/59
McLean	Cun	berlan	d, Mary	yland	İ	
22c. NAME OF CEMET	ERY OR CREMATORY	22d	LOCATION (City,	lown, or co	ounly)	(Stole)
Hillcre	st Burial					(5.5.5)
Cumberland		240. REC'D BY REC'D B	EGISTRAR 24	. REGISTRA	R'S SIGNATURE	



r death. Page 4

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certiticate be executed within any be retained by the hospital ar attending physician.

TO FUNERAL DESCRIPTION After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remanagation papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

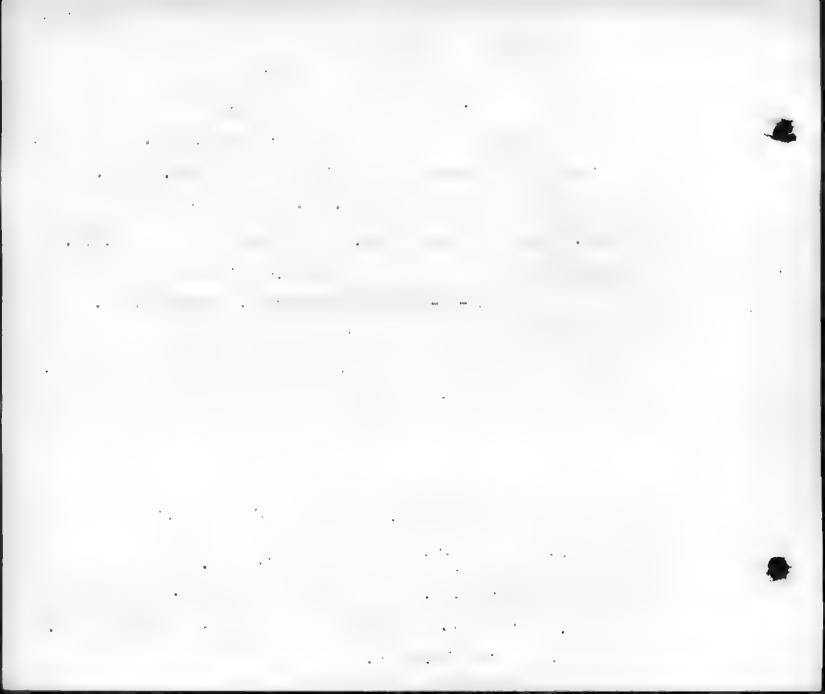
VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE	OF	DEATH	
	CERTIFICATE	CERTIFICATE OF	CERTIFICATE OF DEATH

200	Dist	Man	

PLACE OF DEATH o. COUNTY Allegany	MARYLAND	o. STATE	vland b. CO		
b CITY OR TOWN (If outside corporate limit	Is, write c LENGTH OF STAY IN 16		outside corporate limits v		
RURAL ond give nearest town) Frostburg	5 days	Fro	stburg		
d NAME OF HOSPITAL (If not in hospital, g	ive street address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARMS
Miners Hospi	tal	25	Washington	St.	YES NO.
3 NAME OF DECEASED (Type or print) VINCENT	SI Middle ISADORE	RIEG	4. DATE OF DEATH FG		Day Year
s. sex male 6 color or race white	MUNICIPAL CHARLES TO THE MUNICIPAL CO.	B. DATE OF BIRTH . Oct. 21, 1	877 P. AGE (In log birth		AR IF UNDER 24 HRS Hours Min.
10a USUAL OCCUPATION (Give x nd of work of during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Retired-Mach.Rigger	r Celanese Cor	p. Mary	land	U.:	5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Michael Rieg		Carol	yn Miller		
15 WAS DECEASED EVER IN U. S. ARMED FOR- (Yes, no, or unknown) [If yes, give wor or dates of se	ervicii)	NFORMANT	7	Address	
		ernard Har	den, Frost		
18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY:	use per line for (a), (b), and (c).]	151- f	ch 57		ITERVAL BETWEEN NSET AND DEATH
IMMEDIATE CAUSE (o)		Par	2.×1 0/		
/5 5. O DUE TO	0.00 1		()		() h . C
Conditions, if ony, which (b)	^	and co	HOTVI		0/1100 5
cause (a), stating the under-	Source Orat	emil - 11	Moren	21	-
	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	WINAL DISEASE COND TIC	ON G VEN IN PART 1(o)	19. WAS AUTOPSY
CATIC	Semilia	Ela			PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRE	D Enter noture of injury in	Port I or Part II of item	IB.)	
20c. TIME OF INJURY Month, Day, Yee Hour a.m., p. m. 19	or 20d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (Home, for ctory, street, office bldg., e		(Count	y) (State)
21. I certify that I attended the	deceased from 2-4	19-59, ta	2-14 1	مح fithat I last so	aw the deceased
alive an 2 - 14/-		accurred at 2 P	_M, fram the cause	es and on the da	te stated abave.
7/6	8 11		ADDRESS (Street, city or		DATE SIGNED
SIGNATURE 17 C	Duell	м.D. W .	Main St.,		
PHYSICIAN'S H. C. Di	lehl, M. D.	Fro	stburg, Md		
220. BURIAL, CREMAT ON, 22b. DATE THEREO REMOVAL (Specify)			22d. LOCATION (City,	town, or county)	(State)
Burial Feb. 17	159 Johnson C		Garrett	County.	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			. REGISTRAR'S SIGNAT	-
J. R. Durst,	Frostburg, Md	DAFE	B 1 8 '59	Chilling L. Mai	id.



VS A15 (4) 15M 10/57

MARYLAND	STATE DEP	ARTMENT OF	HEALTH-BALTIM	ORE, 18
----------	-----------	------------	---------------	---------

1378 CERTIFICATE OF DEATH

- 01395

4043				keg. UISI. 140.
1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Wh	ere deceased lived. If institutio	Residence before admission)
Allegany	MARYLAND	Marvland	b. COUNTY	Allegany
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	
Cu.berland	10 Days	- Cumberla	and	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Sacred Meart Mospital		218 Columb	oia Street	YES NO
3 NAME OF DECEASED	Middle	Lost	4. DATE Mont	Doy Year
(Type or print) George	F	Robertson	DEATH Febru	
- I	RIED NEVER MARRIED DIVORCED	B DATE OF BIRTH	lost birthday)	Months Days Hours Min
Male White WIDOW		5-0 19794 1	.882 76 yrs	
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired Miner	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAÎDEN N		U.S.A.
IJ. INTIER J. INNIE		IN MOTHER S MAIDEN N	IAME	
Joseph - Duceased		Imme'lla I	Foote, Robertso	on
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT	Addre	155
No	None	Ptis J., .		
1B. CAUSE OF DEATH [Enter only one couse per list	ne for (o), (b), and (c).]	N.		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Tuberaulo	and		ONSET AND DEATH
IMMEDIATE CAUSE (o)	7 00 0			
00210				
Conditions, if any, which } (b)				
couse (a), storing the under-				
lying couse lost. (c)				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMU	NAL DISEASE CONDITION GIVE	N IN PAPT IOU 19 WAS AUTOPSY
CATIC		THE TENNES	THE DISERSE CONTINUED IN THE	PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF DEATH OF FETTERS, NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D (Enler noture of injury in P	ort For Port II of item 18.)	
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	204 (C:)	
A Hour e.m. While	Not while for	ctory, street, office bldg, etc.] !	(County) (State)
∑ p. m. 19 of wor	k ot work			
21. I certify that I attended the decease	and from Falt. 17	1059 10 7	37 1059	that I last saw the decease
4 4 4		(/:		, rnat I last saw the decease
alive on 3 - 3 b 19 S	2, and that death			d on the date stated abov
	0 00		ADDRESS (Street, city or town, s	lote] DATE SIGNI
SIGNATURE Sec V.	ey y.	M.D. ,		
PHYSICIAN'S NAME (Type)	M.D.	156 N C	eptro Streo.	TurlerTand Md.
220. BURIAL, CREMAT ON, 226 DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City town, or	county) (State)
REMOVAL (Specify) Burial 3/1/1959		ark		1
Burial 13/1/1959 23. FUNERAL DIRECTOR'S SIGNATURE			Frostburg,	
	ADDRESS			RAR'S SIGNATURE
GEORGE EICHHOEN	LONACONTNG	MD DATE MAN		to suit A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1379 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY **b.** COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town! The days Oldtown Cumber land d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Along Rt. # Sacred Heart Hospital NAME OF Middle 4. DATE (Type or print) EARL. Robinson DEATH David 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH 5. SEX 9. AGE (In years lost birthdoy) DIVORCED [7] WIDOWED | Male 10a. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) during most of working life, even if retired) Boiler Helper Koppers Tie Pt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mose Robinson Mary Malone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Nο 220-10-2238 Mrs. Earl. Robinson, Oldtown. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED Hour a. m. foctory, street, office bldg., etc.) While Not while of work of work D m 1950 to Free . 2/ 1959, that I last saw the deceased 21. I certify that I attended the deceased from ____ and that death accurred at 10-10AM, from the causes and an the date stated above OR ACTUAL FÜNERAL I age 3 shavl NAME (Type) C. L. Durret 220 BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page 24, 1959 Oldtown Cemetery Oldtown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wayne George, DATE FEB 2 5 '59 VS A15 (4) Cumberland. Md.

15M 10/57

IS RESIDENCE

ON A FARM?

YES TO NO M

Yeor

19

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO M

> > (Stote)

Doys

(County)

Rea. Dist. No.

Alleganv

Month

Address

Months





200. EXTERNAL CAUSE WAS

CAUSE OF DEATH. 20c. TIME OF INJURY

SIGNATURE

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour o.m.

PRIMARY | or CONTRIBUTING |

p. m.

220 BURIAL CREMATION | 226, DATE THEREOF

Month, Day, Year

opinion death resulted from: Natural couses

EXAMINER'S Benedict Skitarelic, M.D.

2/26/59

John J. Hafer, Cumberland, Maryland

H DEPT	I PLACE OF DEATH				2 USUAL P	SIDENCE IN	There electors	ed lived If inst	uludian
(M	o. COUNTY	legany		MARYLA	O STATE	Mary		b. COU	
	b. CITY OR TOWN (III	auts de corporate limits, wirte RUR)	c LENG	OTH OF STAY IN	lb c. CITY O	R TOWN (IF	outs de corp	arøte limits, wr	le RJR
	Cumberl					Cumb	erlan	d	
7 1	d NAME OF HOSPIT	AL OR INSTITUTION (If not	în haspital, give	r street address)	d. STREET	ADDRESS			
£ /		Heart Kospi	tal			104	". Me	chanic	St
8//	NAME OF WI	llard First		Middle	Lo	\$1	4. DATE OF	Mo	nth
5.	(Type or print)	Lafavette	1		Smith		DEATH	Feb.	
5	Š. SEX	6. COLOR OR RACE 7.		EVER MARRIED		Н		9. AGE (In years	IFL
S E S S S S S S S S S S S S S S S S S S	Male	Colored	OWED [7]	DIVORCED [7]	Dec. 18	187	R	fast birthday) 80 yr	Mo
2 ho	100 USUAL OCCUPAT.	ON (Give kind of work done g life, even if retired)	106. KIND OF B	USINESS OR IND	USTRY 11 BIRTHE	LACE (Stole	or foreign co		1
E	Waiter (Re				untry Ba				dia
Ę	13. FATHER'S NAME		Clu		14. MOTHER			CBC -III	22.21
÷	111.		CIU	ID		Inlesson			
2		DOWN ER IN U. S ARMED FORCES	2 IA SOCIAL SE	FCURITY NO. 11	7. INFORMANT	nknow		1 1 - Add-	. 0
1	(Yes, no. or unknown)	fil yes, give war ar doles of service)					ble Addre	
g g	no				MEMBERRE	WHINK H	XXXX	Cumb	erla
20	1 1	RH [Enter only one couse pe	r ine for (a), (b)), and (c)]					
Ö	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute (Cardiac	Failure				
Ď Ž	421,1	DUE TO							
emo	Conditions, if a		Aortic	Insuffi	ciency				
£	gove rise to immed (a), stating the	liote cause							
2	cause lost.	(c)							
ž.		ER SIGNIFICANT CONDITIO	NS CONTRIBUTH	NG TO DEATH BU	UT NOT RELATED TO	O THE TERM I	AL DISEASE	CONDITION O	IVE

20d. INJURY OCCURRED

of work of work 21. I certify that I took charge of the remains described above, held on Autopsy 121.

Not while

Accident .

22c. NAME OF CEMETERY OR CREMATORY

Woodlawn Memorial Park

factory, street, office bldg , etc.)

CHIEF MEDICAL EXAMINER

RURAL and give nearest town) e. IS RESIDEN E ON A FARMS YES NO SO treet Yeor 1959 IF UNDER TYEAR IF UNDER 24 HE? Months Doys Hours Min. 12 CITIZEN OF WHAT COUNTRY? Unknown ds 216 Garroll St. cland, Maryland INTERVAL SETWEEN DISSET AND DEATH 1-2 Days EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO [] 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port 1 or Port II of Item 18] 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (Stule) Inspection X. Inquiry XX and in my Suicide . Homicide . Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER Feb. 24. 1959 DEPUTY MEDICAL EXAMINER [X] 22d LOCATION (City, lown, or county) (State) Cumberland, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

01398

Reg. Dist. No. ion Residence before admiss on) Allegany

40 ø VS ATSME

5M 2/57



ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	F 18
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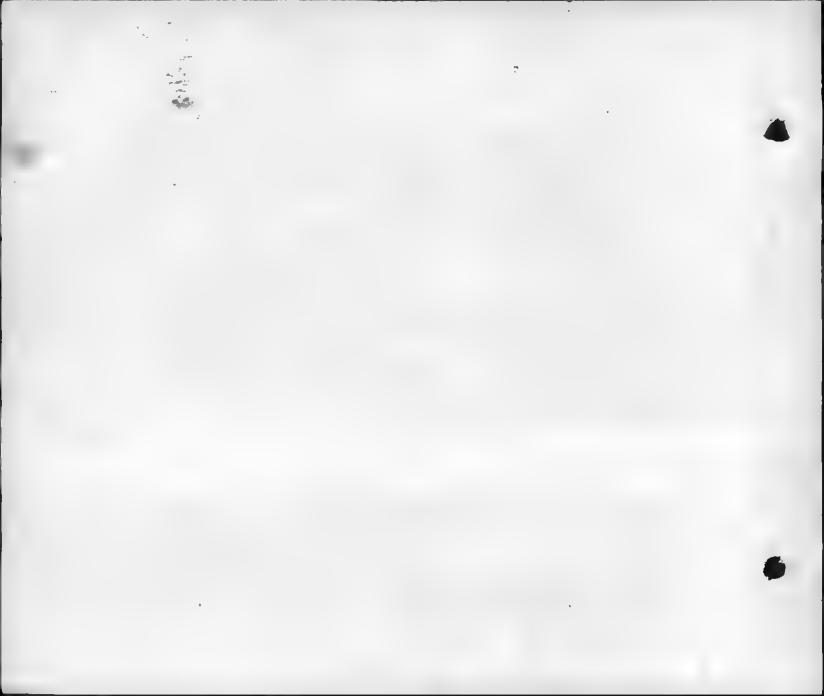
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1382

CERTIFICATE OF DEATH

Reg. Dist. No.

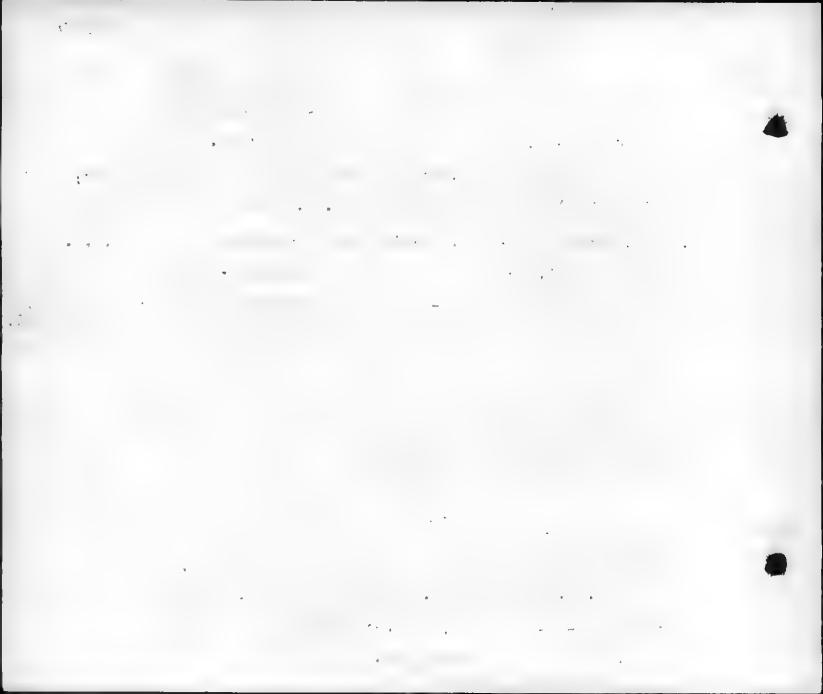
=								-8		
1.	PLACE OF DEATH				2. USUAL RESIDENCE (WI	here decease	d lived. If institution. b. COUNTY	Residence bei	fore admis	sion)
	ATTEGAN	7		MARYLAND	MARYLAN	D	B. COUNT	ALLEO	IAND	
	b CITY OR TOWN (f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF		srote limits, write RURA			กไ
RURAL ond give nearest town) CUMBERIAND 7Days					CUMBERLA			a and green		
d NAME OF HOSP TAL (If not in hospital, give street address)					d STREET ADDRESS	pt. 1 style			12 21 a	SIDENCE
	OR WATHLEION	HEART HOSP			'104 Oak Str	eet			ON	FARM?
3	NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE OF	Month		Pay	Yeor
	(Type or print)	WILLIAM		JOSEPH	STEPPE	DEATH	Feb. 2	3,		19 59
5.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEA	R IF UND	ER 24 HRS
	MALE	WHITE	WIDOWE	DIVORCED	July 6, 1887		lost birthdoy) M	onths Doys	Hours	Min
100	. USUAL OCCUPATION	N (Give kind of work of	ione 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign c	ountry]	12 CITIZEN	OF WHAT	COUNTR
N	laster Me	ing life, even if retired; Chanle	' Uı	ndergarment	MARYTAND	Chi	mberland.	U.S.	Δ	
13.	FATHER'S NAME		F:	actory	14. MOTHER'S MAIDEN N		moor zama	, 0,0		
	HARMON ST	PEPPE			IDA	GO D	N			
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
,,,	No	ir yet, give wor or duran or se		214-05-6564	PT'S CHAP	T				
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]	- 1			IN	TERVAL BI	TWEEN
	PART I. DEA	TH WAS CAUSED BY.)	Coronar	y Thro	me.	ver 3	101	ISET AND	DEATH
	420.1	DUE TO			Ox o	. ,				
	Conditions, if o	ny, which)		6	Intare	to	-	1.	50	leng
	gove rise to i									
	lying couse lost.	me under-								
z		(c)		ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INIAL DISSAS	COLIDITION ON THE	40. DADT 24.	20 11/45	AUTORCH
110	1	EK 3/03411 COM	DI FORES C	DINING TO DEATH BOT	NOT KEENTED TO THE TERM	INAL DISEAS	E CONDITION GIVEN	IN PAKI I(0)	PERFC	RMED?
SIC	70 10								YES	NO X
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZOb. DESC	CRIBE HOW INJURY OCCURRE	D. (Enler noture of injury in	Port I or Par	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR		r 20d IN	JURY OCCURRED 20e PL	ACE OF INJURY (Home, form clary, street, office bldg., etc.	, 20f. (City	or town)	(County)	(State)
ME	p. m.	19		t 🔲 of work 🔲						
	21. I certify th	at I attended the	decease	ed from Jr-E.	(8, 1957, to	Jose	. 23 19 5×1	hat Llost	tow the	decens
	alive on	rel. 23	_, 19	SE and that doub	accurred at 3:30A	Al fra-	- Mr	tarakan d	ow me	decease
	direction of the same	0	-, 14	, one mar deam	accoured of The Date	ADDRESS (S	n the causes and treet, city or town, stat	an ine a		
	ACTUAL /	20 1	1	Lursett	- 0	1 6	0 3	7	2/0	ATE SIGN
	DOMESTICAL STREET	rong (-5/	5-1-1-1	M.D.				/	18/5
	PHYSICIAN'S (Type)	de TE Du	nnett	7	236_Vir	ainia	Ava			
220	- BURIAL CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEMETERY O	The state of the s		TION (City, lown, or ci			-1
	REMOVAL (Specify) Burial	2-26-59		St. Mary's			erland, M		(Sto	e}
23.	FUNERAL DIRECTOR	Seal ell	i Cu	mber and Md		D BY REGIST		***************************************	JRE	
	James I.	near berr	a Gu	moer Land, ma	DATE	FEB 2 7	'59 C	" mi !	isus.	
_					DAIE	Bar 1.7 3- 1				



01400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

1 PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (M o. STATE Mary		and the same of th	nce before admission) legany
RURAL and give no	f outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 15	c CITY OR TOWN (IF	outside corporate lin	nits, Write RURAL ond	give nearest town)
OR INSTITUTION	AL (If not in hospital, give street ers Hospital	address)	d. STREET ADDRESS 52 H	ill St.,		e IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	WILLIAM First	AUGUSTUS	SWEITZER		EBRUARY	24, Yeor 19 59
s. sex	white widow	RIED NEVER MARRIED DIVORCED DIVORCED	Feb. 8, 1	892 " 6	hirthdoy) Manths	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of wark dane 10b. king life, even if retired)					TIZEN OF WHAT COUNTRY?
Range ope	erator Al	leg. Ballist	14. MOTHER'S MAIDEN	ryland NAME		U.S.A.
Georg	e Sweitzer		Mary D	onegan		
IS WAS DECEASED EVE	(If yet, give wor or doles of service)		INFORMANT		Address	
		14-01-6728	Mrs. Berna	dette Sw	eitzer,	Frostburg
	ATH {Enter only one cause per li	ng (a), (b), and (c).]	Parker		1	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	minera	- 1 meur	nenua		a ary
Conditions, if a	my which \	De leto	a)			4-700
gave rise to i	mmediote (11 -	L			
lying cause lost.	(c)	Lyper.	ension			140.
CATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL D SEASE CON	DITION GIVEN IN PA	RT 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in	n Port I or Port II of i	tem 18.)	
20c. TIME OF INJUR	White		ACE OF INJURY (Home, far actory, street, affice bldg., e		rn)	(County) (State)
21. I certify th	nat I attended the deceas	ed from Pet 2	0 . 19=59. 10 =	70124	189 That	ast saw the deceased
alive an	7	59_, and that deat				
ACTUAL SIGNATURE	weme L	ine	м.рЕ	ADDRESS (Street, c		-25-59
PHYSICIAN'S NAME (Type)	W. O. McLane	M. D.	F	rostburg	, Md.	
270 BUR AL, CREMATIC REMOVAL (Specify) Burial		22c. NAME OF CEMETERY C	r CREMATORY		ostburg.	(State)
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S S	
note a		osthurg. Md.		MAR 2 '59	arthur 2	1. Thank

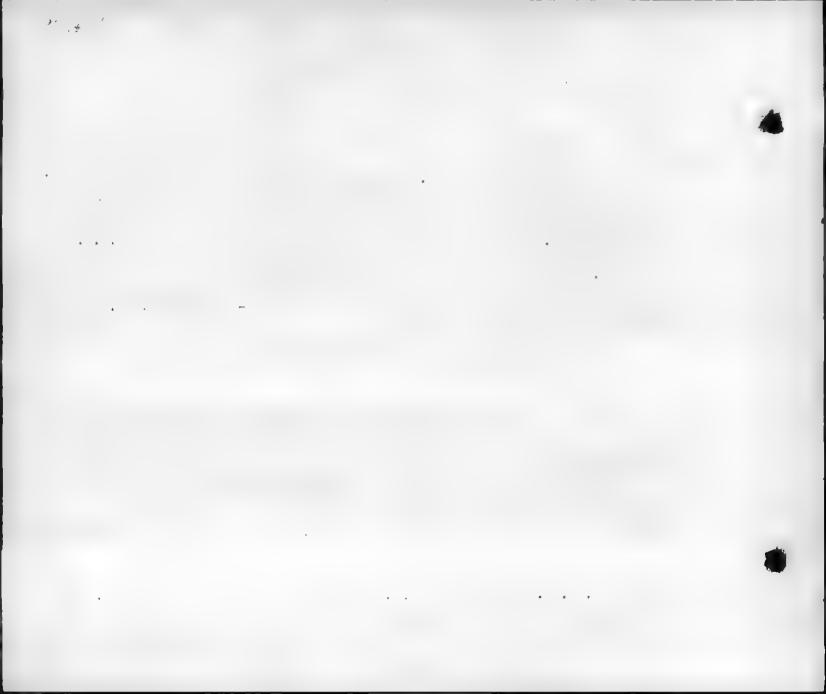


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Poge.	merol director, is be filed with
r death	pnerol director
rs ofte	by t
24 hot	Poges 1 and 2 s
within	etely fi
tificate be executed within 24 hours offer death. Page 4	physician and completely filled in by the move carbon papers. Pages 1 and 2 st
te be e	shysicion ond
tifico	shysic

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01401 Rea. Dist. No.

		1383	CERTIFIC	ATE OF DEATH	4		01401
		7000	961711114	THE OF BEATT	•	Reg. Dist.	No.
	D. PLACE OF DEATH O. COUNTY ALLEGANY	•	MARYLAND	2. USUAL RESIDENCE (W) a. STATE MARYLA	h C/	OUNTY ALLEC	
Г	b. CITY OR TOWN (if outs de corp RURAL and give nearest lown)	porote limits, write	c. LENGTH OF STAY IN 16	e CITY OR TOWN (If a	outside corporate limits,	write RURAL and give	e nearest town)
	CUMBERLAND		2 DAYS	CUMBER	RLAND		
	d. NAME OF HOSPITAL (IF NOT IN	hospital give street o	ddress)	d. STREET ADDRESS	RIVER AVEN	UE	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Yeor
	(Type or print)	RICHAR	D L.	TAYLOR	DEATH F	EBRUARY	25 19 59
	S. SEX 6. COLOR WHIT		ED NEVER MARRIED D	B DATE OF BIRTH DECEMBER 22	9. AGE (In lost bir)	1. 1. 1	YEAR IF UNDER 24 HRS. oys Hours Min
	SUPER CONCRETE	of work done 10b. I	(IND OF BUSINESS OR IND		or foreign country) D, MARYLANI		EN OF WHAT COUNTRY
1	13. FATHER'S NAME			14 MOTHER'S MAIDEN I	NAME		
	RICHARD L. TA	YLOR		NORA M.	TAYLOR		
	IS, WAS DECEASED EVER IN U. S. Al (Yes no, or unknown) (If yes, give wor Yes WW I	or dates of service)		INFORMANT MEMORIAL HOSP	WARWICK &	MEMORIAL ERLAND, MD	AVENUE
F	18. CAUSE OF DEATH [Enter o	nly one couse per line	e for (0), (b), and (c)-]	11	<i>C</i>		INTERVAL BETWEEN ONSET AND DEATH
1	PART I, DEATH WAS CAT	JSED BY- CAUSE (o)	Massillo	Humm	luge		27/2040-
1	581.0	DUE TO	v - 1	1 72.	1 . 4		
1	Conditions, if any, which a	(b)	250 pu	angal I'd	c i carelec	2	
	couse (a), stoting the <u>under-</u> lying cause lost.	(c)	Portice o	Time lines	cy Leu		
,	PART II. OTHER SIGNIFIC PART II. OTHER SIGNIFIC 200 ACCIDENT WAS UNDERLYI OR CONTRIBUTING CIFETTHER, NOTIFY MEDICAL EX	ANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAT DISEASE CONDITI	ON GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED? YES NO
- 1		NG DEATH OF DEATH AMINER)	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part 11 of item	18.)	
	20c. TIME OF INJURY Month, Hour a. m. P. m	Day, Year 20d IN While 19 at work	Not while	PLACE OF INJURY (Home, forn fectory, street, office bldg., etc	n, 20f (City or town)	(Cor	unty) (Stote)
	21. I certify_that, Latten	ded the decease	d from Jan	19.59 to	Feh	1929 that I la	st saw the decease
1	alive an tel 25	12.5		th occurred at 3:26	AM, from the ca		
	21/	7 1-	49 //	lin 1	ADDRESS (Street, city o		DATE SIGNE
	ACTUAL SIGNATURE	sulmi	Gennelly	JUN 133VI	a Cuy G	ukelan	19412/261
	PHYSICIAN'S DR. O	. G. HIMME	LWRIGHT MAD	. 133 Va.	Ave. Cumb	perland,	Md. 2/26/5
	220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify)	TE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City.	town, or county)	(Stote)
- 14	Burial Feb.	27,1959		Burial Park	Cumberland		
1	3. funeral director's signatur John J. Hafer.	_	ADDRESS and, Marylan	*		b REGISTRAR'S SIGN	,
П	ovin oarei	OURD41.TG	maryian	u DATE	AR 2 '59	Civilian &	Hassa



01402 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Allemany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Rural 1 mile N. of Barton, Md. e. 15 RESIDENCE ON A FARM? YES NO IX Day Year 10 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12 CITIZEN OF WHAT COUNTRY? U.S. Barton, Md. INTERVAL BETWEEN ONSET AND DEATH

PAIR HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED*

(County)

(Stote)

YES 🗍 NO 🥂

(State)

that I last saw the deceased

Mayrland

Critical S. Frank

15M 10/57



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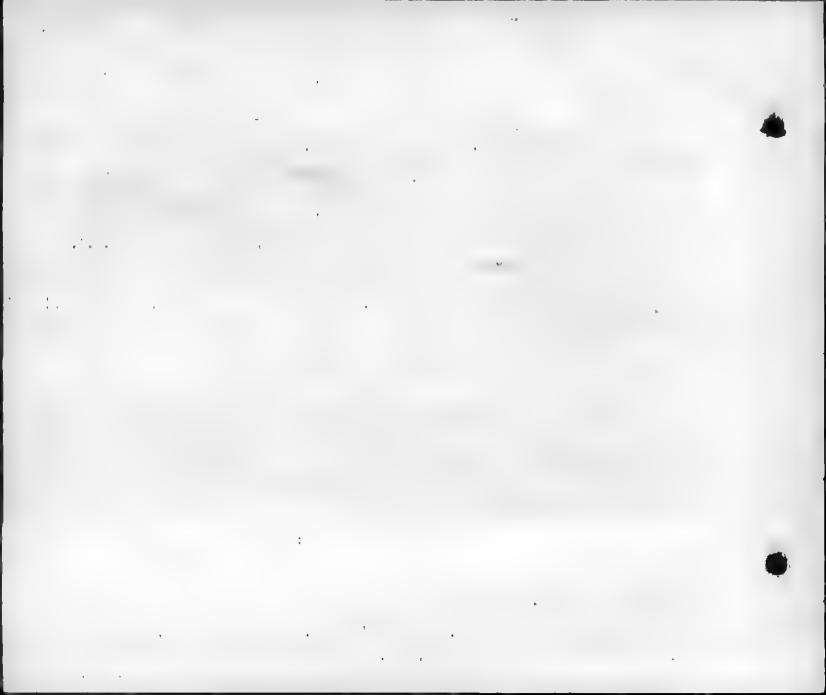
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8	
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1384 CERTIFICATE OF DEATH

Reg. Dist. No.

01403

	The state of the s					
1. PLACE OF DEATH COUNTY ALLE	GANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATMARYLAND	ere deceased lived. If in b. CO	MINITED TO THE PARTY OF THE PAR	GANY
b CITY OR TOWN (II RURAL and give ne CUMBERL	f outside corporate limits, write orest town) AND	5 DAYS	c. CITY OR TOWN (IF o	utside corparate limits, v ERLAND	write RURAL and giv	re nearest lown)
d. NAME OF HOSPT OR INSTITUTION MEMOR 1 A	MEMORIALO ANDSP	TALESS) /ES.,	d. STREET ADDRESS 22 N. CHAS	SE STREET		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First A NNA	Middle S.	Treiber	4. DATE OF DEATH	Month EBRUARY	Doy Yeor 22 19 59
5. SEX FEMALE		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH JUNE 3, 187	9. AGE [In lost birth		YEAR IF UNDER 24 HRS Doys Hours Min
Ob. USUAL OCCUPATION during most of world HOUSEW 1	ngg life, even if retired	Own home				U.S.A.
13. FATHER'S NAME	JOHN : McNar	ıa.ra	14. MOTHER'S MAIDEN N			
	R IN U. S. ARMED FORCES?		rs. Eleanor	Fossett 2	Address Cum 22 N. Ch	berland, Mase Sr.;
	mmediate (DUSTO C	herzocat ntestmal	Thock obstructs	Ön		INTERVAL BETWEEN ONSET AND DEATH 2 4 CLZ 2 LCZC 7.
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU				1(0) 19. WAS AUTOPSY PERFORMED? YES NO
I (IF EITHER, NOTIFY	MEDICAL EXAMINER				,	
ZOc. TIME OF INJUR Hour o. m. p. m.	Whi	Z.	'LACE OF INJURY (Home, form octory, street, office bldg., etc.		(Co	ounty) (Slote)
Olive on	A J. MIF		h occurred at 11:16.	A.M., from the cau ADDRESS (Street, city or	uses and on the lown, state)	ost sow the deceosed e dote stated above DATE SIGNED
Burial (Specify)		St. Patri		·	and, Mai	
23. FUNERAL D RECTOR	s signature e George Cu	mberland, Md	240. REC'	BB 2 5 '5 J	REGISTRAR'S SIGI	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01404

1385 CERTIFICATE OF DEATH

Reg. Dist. No

								67.0	18. DIST. 110.	
1. PLACE OF DEATH O COUNTY ALLE	GANY		MAR	YLAND		ARYLAI		d If institution I	Residence before	
b. CITY OR TOWN (IF	outside corporate limi arest town)	ts, write	2 DAYS	/ IN 16		IOWN (II o	^	limits, write RURA	L ond give near	esi lown)
OR NSTITUTION	AL (If not in hospital, of HOSPITAL	ive street o	(ddress)		d. STREET A	OUTE :	# 4		e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GE	orge	E.		NOY	t	4. DATE OF DEATH	FEBRUA	RY 28	Year 19 59
5 SEX MALE	6 COLOR OR RACE	7 MARRI WIDOWE			OCTOBE	- No -	.910		under 1 YEAR 1	Hours Min
100 USUAL OCCUPATION during most of work Servic	ON (Give kind of work ling life, even if relired e station)	endant	OR INDUST	WE:	ST VIE	RGINIA	y)	U.S.A	WHAT COUNTRY
	J. VAN NOY				14 MOTHER'S	OA BRO				
15 WAS DECEASED EVEL		CES? 16 S	3-24-65	_ /	FORMANT		WARW	ICK & ME	MORIAL ID, MD.	AVE.
PART I DEA 581, 0 Conditions, if or gove rise to in couse (o), stating a lying couse lost.	n mediate DUE TO	1 /	Cerry	00	100 Dy	Chi	wer.		ONSE	RYAL BETWEEN IT AND DEATH
PART II. OTH PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING FT		CRIBE HOW INJURY O							WAS AUTOPSY PERFORMED? YES NO []
OR CONTRIBUTING	MEDICAL EXAMINER)			occonnes.	i franco de la constancia			1 11011 121)		
ZOC. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	or 20d IN While of work	UURY OCCURRED Not while of work	20e. PLAG	CE OF INJURY (ory, street, office	Home, form, bldg , etc.	20f (City or 1	own)	(County)	(Stole)
21. I certify the alive on	or I attended the	decease _, 19 S } VILLI	I and the	7-9 t death	00ccurred at		M, from th		on the date	w the decease e stated above DATE SIGNEI
220 BURIAL, CREMATION REMOVAL (Specify)	3/3/59)F	St. L		CREMATORY Ceneti	erv	~ .	(City, lown, or co		(State)
23. FUNERAL DIRECTOR'S	s SIGNATURE see Silco:	K Cı	address imberlan				BY REGISTRAR		R'S SIGNATURE	



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ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
AKTLAND STATE DEPAKIMENT	OF HEALTH—BALTIMORE, 1	ä

1387 CERTIFICATE OF DEATH

01407

	Reg. Dist. No.
1. PLACE OF DEATH O COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) a. STATE b COUNTY
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	Mary Land Allegan
RURAL and give nearest town)	
Cumbe land 1 day	Cumberland Rt. #5
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\begin{array}{c} \text{YES} \\ \text{NO} & \text{NO} \\ \text{YES} \(\begin{array}{c} \text{NO} & \text{NO} \\ \text{YES} \(\begin{array}{c} \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} & \te
3. NAME OF Spored Heart Hospitalt	
3. NAME OF First Middle DECEASED (Type or print) Aprile	White 4. Date Month Day Year White DEATH Feb. 9 19 5
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	
Female White WIDOWED DIVORCED	last birthday) Months Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT
during most of working life, even if retired) TOUSEWIFE OWN HON	
13. FATHER'S NAME	7/- Pa. U.S.A.
Jacob Dutro 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 11.	Catherine Crowell
[If yes, give wor or doles of service)	7. INFORMANT Address
	<u>Chart</u>
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	I delice in
4-20./ DUE TO	
Conditions, if ony, which) is Clarke ne + &	· Lesa . 1
gave rise to immediate	
Covse (b), storing the under-	
	BUT NOT DELATED TO THE TERMINAL DISPASE COMPUTON OF THE PART AND
Codes grande or in the state	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO [
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Contributing Contributing Contributing to Death Contributing Contributi	RRED. (Enter nature of injury in Part I ar Part II of item 18)
	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Sto
Hour o. m. While Not while	FIACE OF INJURY (Home, form, i 20f (City or town) (County) (Stot factory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	19 , to 19 , that I last saw the deceo
alive on 194, and that dec	ath accurred at 18 54M, from the causes and an the date stated abo
W. Vino	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE	110/1
	m v
PHYSICIAN'S NAME (Type) The Tag Tag	156 N Center Street
20 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETER	
REMOVAL (Specify)	
	VILLE LORANTSUILLE GARRETT COM
ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Jon I Cuman Frant 1,4 al	Med offers 1 3 '59 C to 1 France



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

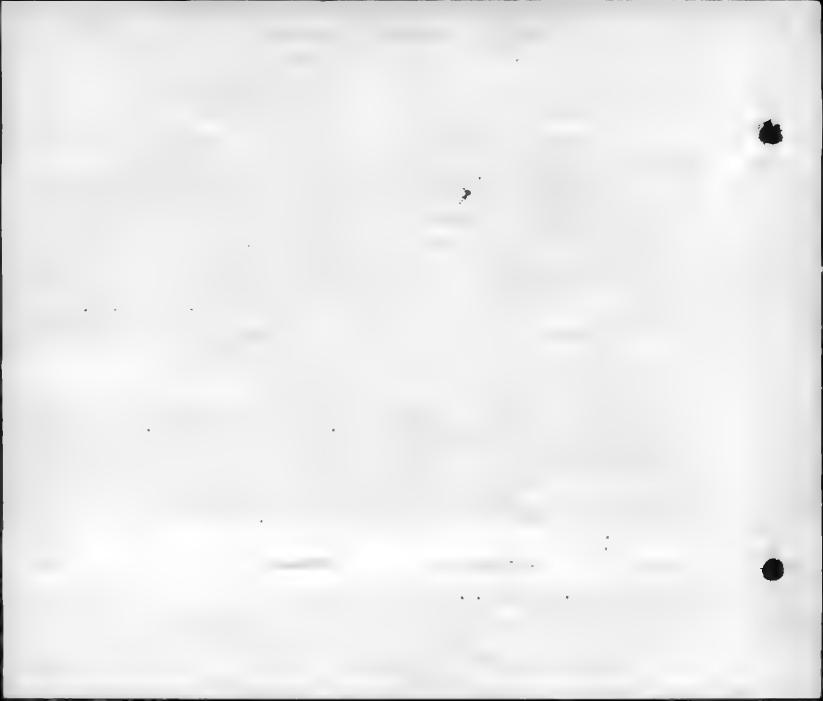
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death certificate be executed

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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01409

1405 CERTIFICATE OF DEATH

			1, T	T	,
	Reg.	Dist.	No.		
					=

PLACE OF DEATH a. COUNTY	Allegany		M		o. STATE	or company and					sian)
b. CITY OR TOWN (IF RURAL and give nea	autside carporate limi rest tawn)	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOW	/N (If autside co	orporate limit	ts, write RU	RAL ond give	negrest taw	n)
Frost	burg		2 da	ys 2			g				
OR INSTITUTION				e, IS RESIDENCE ON A FARM? YES NO							
DECEASED			Mid		ILSON	OF			1.	Doy	Year 19 59
SEX-	6. COLOR OR RACE	7. MARRI	IED NEVER MA	RRIED B. D	ATE OF BIRTH		9. AGE	(In years		-	ER 24 HRS.
male	white				eb. 21	, 1888	70	yrs.	Months Da	ys Hours	Min.
during most of working	ng life, even if retired))		-			gn country)				COUNTRY?
	TCK Taye	T. HAT .	W. Wall						U	O.A.	
James M.	Wilson				ET	izabet	h Full	Ter			
WAS DECEASED EVER	IN U. S. ARMED FOR	anviral l		4	RMANT			Addre		đ.	
gave rise to im cause (a), stating the lying cause last. PART II. OTHE	y, which the mediate and mediate the media	DITIONS C							N IN PART I	PERFO	AUTOPSY ORMED?
OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJUR	Y OCCURRED. (I	nter nature of in	ury in Part I ar	Part II of ite	m 1B.)			
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	While	Nat while	20e. PLACE factory	OF INJURY (Ham , street, affice blo	ie, farm, 20f. ig., etc.)	City or tawn)	(Cau	nty)	(State)
21. I certify the alive an Actual SIGNATURE	at lattended the	decease 193	- 11	nat death ac	curred a 3	ADDRES	om the ca S (Street, city	uses and	an the d	ate state	deceased d abave. TE SIGNED
PHYSICIAN'S NAME (Type)	W. O. Mc	Lane	, M. D.			Frost	burg,	Md.	1	459	
BURIAL, CREMATION											
	, 22b. DATE THEREO	OF .	22c. NAME OF C	EMETERY OR C	EMATORY		CATION (CI			(Sto	te)
REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	Feb. 14	159	22c. NAME OF C	Memor	ial Pa		Frost	burg		,	te)
	RURAL and give nec Frost d. NAME OF HOSPITA OR INSTITUTION MINET NAME OF DECEASED (Type ar print) SEX- Male D. USUAL OCCUPATION during most of working etired by FATHER'S NAME James M. WAS DECEASED EVER IN, no, or unknown) IB. CAUSE OF DEAT PART I. DEAT 33/X Canditions, if an gave rise to im cause (a), stating it lying cause lost. PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Allegany b. CITY OR TOWN (If autside carporate limit RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL (If not in haspital, gorn Institution) Miners Hospit NAME OF DECEASED (Type ar print) SEX 6. COLOR OR RACE Male 6. COLOR OR RACE Multe White 7. USUAL OCCUPATION (Give kind of wark-during mast of warking life, even if retired during mast of warking life, even if retired etired brick laye FATHER'S NAME James M. Wilson WAS DECEASEDEVER IN U. S. ARMED FOR IN NO. OF UNKNOWN) IB. CAUSE OF DEATH (Enter anly ane company of the print of t	B. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MINERS HOSPITAL) NAME OF DECEASED (Type ar print) NEXT 6. COLOR OR RACE WILLIAM SEXT 6. COLOR OR RACE WIDOWE AUTHOR WILLIAM SEXT 6. COLOR OR RACE WIDOWE AUTHOR WIDOWE AUTHOR WIDOWE FATHER'S NAME James M. Wilson WAS DECEASEDEVER IN U. S. ARMED FORCES? In no. or unknown) If yes, give war or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONCENTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at world and many p. m. 21. I certify that I attended the decease alive an PAYSICIAN'S NAME (Type) W. O. McLane PHYSICIAN'S NAME PHYSICIAN'S NAME (Type) W. O. McLane	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MINERS HOSPITAL MAME OF DECEASED (Ifype ar print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MA WIDOWED DIVOR SUJAL OCCUPATION (Give kind of wark dane) during most of warking life, even if retired) etired brick layer M. W. War FATHER'S NAME James M. Wilson WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or dates of service) IB. CAUSE OF DEATH [Enter anly anne cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING DUE TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 21. 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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY ALLEGANY			MARYLAN	o. STATE	ARYLAN	ARREN.	lived. If institution b. COUNTY		nce befo		ion)	
9		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN	b c. CITY OR	100000000000000000000000000000000000000							
	CUMBERLA	CUMBERLAND			02	CUMPER	CLAND						
	d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?							
1	SACRED RE	SACRED REART HOSPITAL				BEDEORD RD. YES NO D							
	NAME OF First DECEASED (Type or print) MARTHA		Middle VIOLA	WOLFO		4. DATE OF DEATH	Month FEB.		Doy		reor 19 59		
	5. SEX 6. COLOR OR RACE 7. MARR		IED NEVER MARRIED	8. DATE OF BIRT			AGE (In years			AR IF UNDER 24 HR			
	TEMALE WHITE WIDOW		D DIVORCED	DEC. 4			60 yrs.	Months	Doys	Hours	Min.		
	HOUSEVIE	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) At Home											
	dance	RANDS NOWERY (DECEASED)				14. MOTHER'S MAIDEN NAME							
						MALINDA HOUDYSHELL							
	15. WAS DECEASED EVER	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
	NO .			NONE	PATIENT	S CHAR	T						
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carteral Humanhas									INTE	RVAL BET	DEATH CLASS	
	gove rise to in	Conditions, if ony, which gove rise to immediate couse (a), stating the under-										* J.	
O	PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (If EITHER, NOTIFY I												
,	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work o												
	21. I certify the	at I attended the	decease	ed from 2-4	(9. to	2-10	1959	that I	last so	w the	decenses	
	alive on	2-11	, 12	57, and that de		4:304.	_M, fram		nd an t		e state		
1	SIGNATURE	(Willia		- Haur	M.D.								
1	PHYSICIAN'S NAME (Type) 1/1	lliam P. Ta	mes.	M.D.	14	l N. C	enter	St. Cur	nberl	and.	Md.		
	220. BURIAL, CREMATION REMOVAL (Specify) BULLAL	2/13 /	59	Zion Memo	Y OR CREMATORY		22d. LOCATIO	erland	r county)		(State)	
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'E	BY REGISTRA				E		
	H. Lee Si	ilcox Cu	mber	land, Md.		DATE	1 6 '59	an	hun S.	trace	4		

uneral director, 4

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may be retained. The haspital or attending physician.

O FUNERAL DIN OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within/2 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIE VS A15 (4) 15M 10/57

